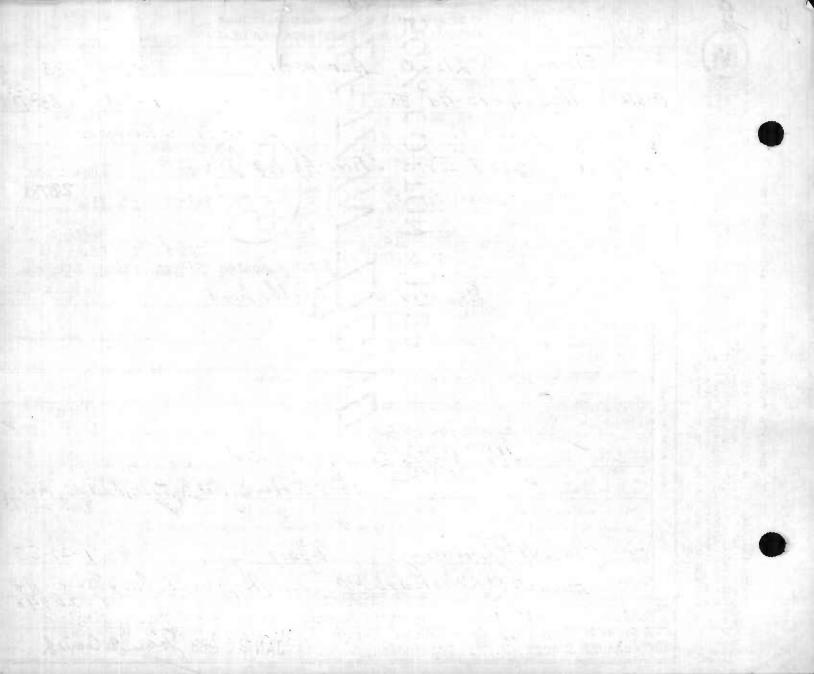
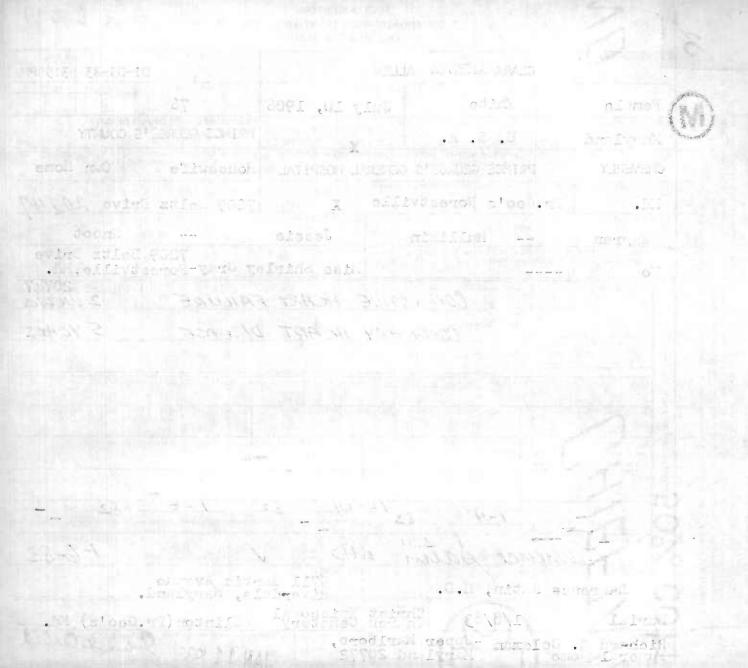
16	1 -	FOR STATE REGISTRAR	MI	DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGIEI CERTIFICATE OF DE	NE 3 PEG. NO.	2 2 3 5
	(TYF		chey		aruns on	20. DATE KNOWN MONOR OF ESTI-	-21 1983 M
ARY, PLE L DIRECT YOUR FI YON STR	3. SE	Tale W	hite S. DATE OF BIRTH	YEAR . LAST BIRTHDAY	INDER 1 YR. IF UNDER 24 HRS.	PRONOUNCED DE AD / - 2	19 23 50 M
NECESS FUNERA 5. FOR W. PRES	Wa	RTHPLACE STATE OR REICH COUNTRY, TY OR TOWN OF DE	D. C. U. S.	A. MAR		Prince GREV	ges MD.
PAGE FILE S, 201	A	delphi	2008	OSPITAL, NURSING HOME, OR OT FACILITY OF STREET ADDRESS)	/ A / FOR	UAL OCCUPATION (TYPE OF WO MOST OF WORKING LIFE) LESMAN	RK 126 KIND OF BUSINESS OR INDUSTRY Furniture
ZZ AN	130. S Mari	iyland	Prince George	s Adelphi	YES. NO [200	REET ADDRESS 18 Erie Street,	#104 20783
DRE, ME DEATH. DEATH. OF AND 2 OF AND 2		Jacob	WIDDLE	Aaronson	15. MOTHER'S MAIDEN NAM FIRST Trma	MIDDLE	Berlin
JRS AFTER DEATH. IF SOME PAGES 1, 2, WITH FORM PM 3. I. PAGES 1 AND 2 SI DIVISION OF WALL	No. V	ES, NO, OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	217-44-8283	Jacob Aaronso	709 *Längley n Silver Spri	Place ng, Maryland
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG W. P. 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. OF PEPRARIMENT OF HEALTH AND MENTAL HYGIENE, OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if gave rise to cause (a) stating lying cause last.	ony, which immediate g the under-	R AS A CONSEQUENCE OF		od	BÉTWEEN ONSET AND DEATH
DIVISION OF VITAL REC THIS CERTIFICATE SHOULD E WRITING THE WORD "PEN WARDED TO THE CHIEF ME WAGE 3 SHOULD BE USED AN TATE DEPARTMENT OF HEAD Z1201 PRIOR TO BURIAL, CF	AL CERTIFICATION	19a. DATE OF OPERA 21a. EXTERNAL CAU UNDERLYING CONTRIBUTING	ISE WAS	M. MONEH-LINDE SYEAR	WAS PERFORMED? HOW INJURY OCCURRED (ENTER Af - M fluter	NATURE OF INJURY IN ITEM 18 PART 1 O	20 AUTOPSY? YES NO PART 2)
EDICAL EXAMINER: THIS THE CERTIFICATE, W A SHOULD BE FORWAI MERAL DIRECTOR: PAC AORE, WARYLAND, 212	MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT W	WHILE VORK I took charge of the remains de	CTONE, FARM, ETC. 21	PSY Inspection Under Und	Inquiry , and in my termined manner ,	
TO ME BATTER BALTIN	23a.B	URIAL, CREMATION, F Burial	REMOVAL 23b. DATE 1/24/198.	23c. NAME OF CEMETERY		OCATION YOR TOWN Falls Church.	Virginia
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24. F 23	UNERAL DIRECTOR		in Hohrow Momor	ial F. P. DATE REC'D. B	Y REGISTRAR POP REGISTRAR	2. Concept



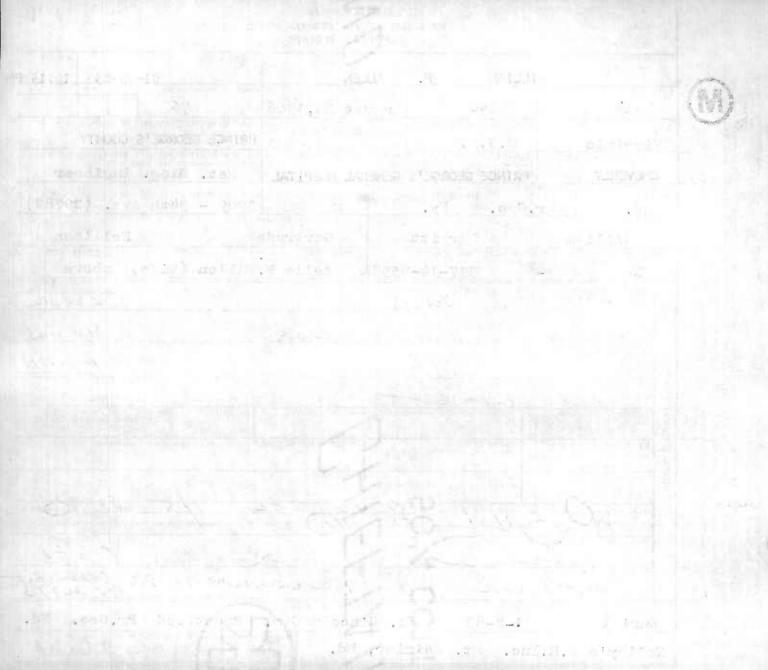
DIVISION OF VITAL



3	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	0 2 2	90
y be death	(TYPE	CEASED NAME FIRST FORPRINT) FOED		ALLEN, SR.	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR 8:25PM
(4)	3. SE	MALE	NEGRO	5. DATE OF BIRTH MONTH B 10 O S I S I	6. AGE (IN YEARS LAST BIRT	YRS.	IF UNDER 24 HRS HOURS MIN.
W 33		RTHPLACE (STATE OR FOREIGN COUNTRY) MARLYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NOVORCED	PRINC	E GEORGES	MD.
Of the		LAUREL	GEATER LAUNG	EL SELTSVILLE W.H.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		Ft. Man
in 24 hou y filled in hould be	13a. S	Md. Anne		P 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ck Bridge	Rd.
ompletel	0	School	Ver David	15. MOTHER'S MAIDEN NA/	ney Be	owie LAST	
on ond c			MED FORCES? 166 SOCIAL SECUI EWAR OR DATES) 705-07-	7578 Elsie Cole	eman ADDRE	756 Guilfe Jessup, 1	and Ra
oth certificate anding physici carbon poper a, or removal.		18 CAUSE OF DEATH LENter on PART I. DEATH WAS CAUSE 1629 IMMEDIAT	D BY:	NONA OF LUNG	BRONGHOGE	MIL) APPROXIM	NATE INTERVAL NSET AND DEATH
that the death dby the ottend lease remove ca ial, cremation, o		Conditions, if ony, which gove rise to immediate couse (a), stafing the underlying couse lost.	(b)	NCE OF	, , , , , , , , , , , , , , , , , , , ,		
equires Then p to bur njury,	NOI	WIABE	TES MELLITUS,	BEPTIL ULCER 11	INAL DISEASE OR CONE SENSE	OITION GIVEN IN PART 110	
rion. e hos beer in permit. giene prior. hows ony i	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	
rySICIAN: T ding physici is certificate buriol-tronsi Mental Hyg or Item 18 sh	MEDICAL CE	7) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA) P.M.	19	RED (ENTER NATURE OF INJUR	FIN ITEM 18 PART I ORPART 2)	
or ottending or ottending se os the buself ond Mmorked or	MED	21d INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	CITY OR TOV	WN COUNTY	STATE
pitol pitol for us of He		220.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	tol) attended the deceased from	3 , and that in (my) (our) opinion of	deoth occurred on the do		hot (I) (we) lost ouses stated
OR he		276. SIGNATURE ()	horli	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	IGNED
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.		22d. PHYSICIAN'S NAME (TYPE OF	SAACHADD	32 ADDRESS 921 PR	INCE GEOR	GES ST.	
BP	(BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1-5-83 St	ME OF CEMETERY OR CREMATORY JOHN A.M.E. Cem	23d LOCATION COVORTOWN FORK,	A.A.	ND STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 EL	PORTE R. Snow	unden 246 Norts U	JASh. ST. 250. DATI	REC'D. BY REGISTRAR	256. PEGISTRAR'S SIGNATU	RE

TOTAL TELES IN THE TELESCOPE Edden Sand State Control of the Sand State CARCUTAL OF MAY STANDED The state of small of the many the second The state of the s Description of the second seco

(VRA 15, 4)



		STATE OF M						
OR STATE REGISTRAR	MEDICAL EXA		ERTIFICATE O		0 2 2 9 2			
EASED NAME FIRST	WIDDLE		LAST	20 DATE KNOWN	-			
ANNA VAL	J.	ALLPOR	1	OF ESTI-	1_26 1927			
MALE WHITE	MONTH DAY YEAR LA		DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DOREAD	1-26 183 MONTH DAY YEAR 2d HO 1-26 183 5;3			
RTHPLACE (STATE OR 7b FIGN COUNTRY) THIS STATE OR 7b	(STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7 DATEMORE CITY OF							
everly P	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A PLANE GEORGE GE	neral Ho	erinstitution spital	12a. USUAL OCCUPATION (TYPE EOR MOST OF WORKING LIFE) Housewife	PEOFWORK 12b. KIND OF BUSINESS OR INDUSTRY at home			
RESIDENCE (IF IN NURSING HOME OR O' ATE Tyland Pr. Ge	13t. CITY OR T		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 13304 Harrison	Ave. 20714			
THER'S NAME	NIDDLE LAST		15. MOTHER'S MAID		LAST			
Villian "	Hesso	_	Laura		Nolf			
AS DECEASED EVER IN U.S. ARMET 5, NO, OR UNKNOWN) HE YES, GIVE WAR D	FORCES? 16b. SOCIAL S 190-22		Patricia	Scroggins same				
Conditions, if any, which gave rise to immediate couse (a) stating the <u>under-lying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS CON	(b)		OR CONDITION GIVEN IN PA	RT 1 (e).				
196. DATE OF OPERATION	196 CONDITION FOR WHIC	CONDITION FOR WHICH OPERATION WAS PERFORMED?						
210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DAY STH P.M.	YEAR	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY IAT STREET, EACTORY, FARM, ETC.)		ATION TREET	CITY OR TOWN	COUNTY STA			
22e. I certify that I took charge of death resulted from: Natural of ACTUAL SIGNATURE EXAMINER'S NAME AUGUST (TYPE OR PRINT)	o P. Rodrinez,	Suicide	Homicide TITLE (SPECIFY) Deputy ADDRESS 5009	Undetermined monner	DATE 1-27/8 amp Springs, Md.			
mation 1/	4 - 4-			23d. LOCATION CHYOR TOWN Suitland	P.G. Md.			
RIAL, ECIFY) MERA NAME	CREMATION, REMOVAL 23b. 1/ AL DIRECTOR	tion 1/28/83 Cedan	cremation, removal 23b. Date 1/28/83 Cedar Hill Ce	tion 1/28/83 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cometery ALDIRECTOR 25c. Date	AINER'S NAME Augusto P. Rodri dez, M.D. ADDRESS 5009 Rayburn Ct., Carprint) CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN SUIT Land ALDRESS 125c. DATE REC'D. BY REGISTRAR PREG			

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777

9_7	minoe Geor	x		ABU	Pernsylv.i
9404 1	47 We810	Tetio	come eneral boa	ringe	de plant on the
1200 . SV	1330 Hamminen	X	. eroles Elleon	.090	er bartyre.
3501		entra.	#0322F		加工工工工
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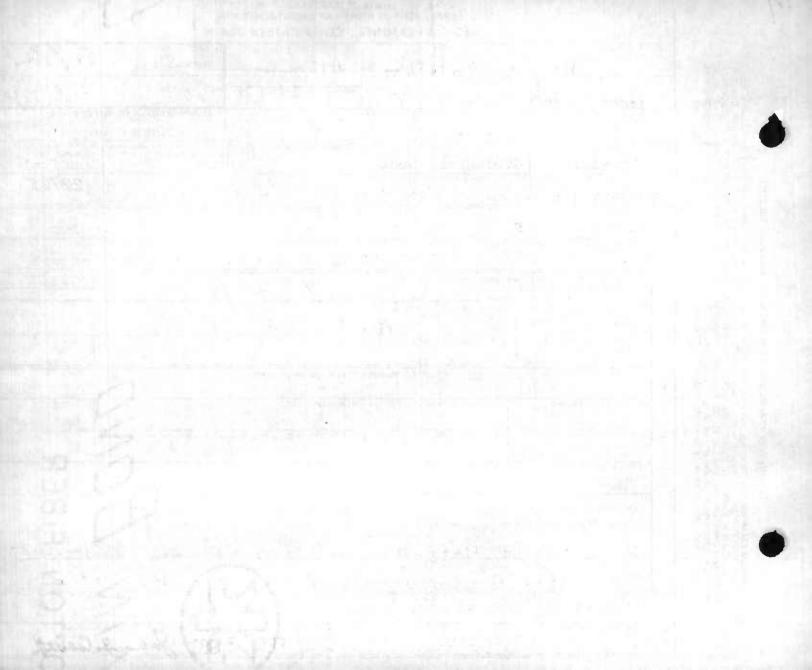
Suitland

G. . Kales 6160 Oron Hill Rd. Oron Hill, Pd.

remation

1/28/83 Cedar ill Cenetim

FOR		0	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	U	2 2 9	3
- STATE REGIST	AR	MED	ICAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	REG. NO.		
1. DECEASED		9	MIDDLE		LAST	20 DATE KI	NOWN MON		26. HOUR
3. SEX	Mary	2	telle	K	III man	DEATH A	MATED [28,003	6.P M
J. SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN	DER I YR. IF UNDER	24 HRS. 2c. DATE	MON1	DAY YEAR 28 83	2d HOUR
	THE WHITE		1905 77 YF	11101111	IS DATS HOOKS	DEAD		19	8.20 M
Ja, BIRTHPLA	CE (STATE OR	76. CITIZEN OF WH		8. MARRII	ED NEVER MARRIE	D 9 BALTIMO	RE CITY OR COL	JNTY OF DEATH	
	ginia	U.S.A		WIDOW				George's	
7/	OWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a USUAL OCCUPA FOR MOST OF WORKE	ITION (TYPE OF WO	OR INDUS	TRY
Bel	sville		ELL ROAD			Nurse		Hospit	ca1
USUAL RESID	and 136 COUNT		13c. CITY OR TOWN	1	13a. INSIDE CITY LIMITS?	13e. STREET ADDRES		2079	25
Mary.		. Co.	Beltsvil	lle	YES NO 🔀		ELL ROA	AD	
14. FATHER'S		WIDDLE	_ LAST		15. MOTHER'S MAIDE	NAME	DLE	LAST	
Ge Ge	orge	D.	Rieley		Alpha			Kesler	
160. WAS DEC	EASED EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY		17. INFORMANT		ADDRESS		
No			578-26-9	32012	Harriet	E. Lass	ell sar		
18 CA	USE OF DEATH (Enter and	y ane cause per line	far (a), (b), and (c).)		- 1 -1	- 6-		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
₹		E CAUSE (a)	pose	asd	raf 4	-Cole			
JEIGATH AND MENTAL HYGIENE, DIVISION OF HEALTH AND MENTAL HYGIENE, DIVISION OF REMOVAL. JRIAL CREMATION, OR REMOVAL. JRICATION JR	7700	DUE TO, OR	ASCA CONNECTUENCE	OF M	()				
RA Co	nditions, if any, which ve rise to immediate	(b)	75	VI	V				
Ö CO	use (a) stating the <u>under-</u> ng cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
5		(c)							
PART 2	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL OISEASE	OR CONGITION GIVEN IN PAR	T 1 iai.			
7 19a. D/ 21a. EX	TE OF OPERATION	Ton and the							
210. EX	TE OF OPERATION	196 CONDII	ION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPS	K.5
4 E 210 EV	TERNAL CAUSE WAS	21b. TIME OF	INTERPO	121. 110				YES 🗆	NO 🗌
	LYING OR	HOUR A.M.	MONTH DAY YEAR		OW INJURY OCCURRED	ENTER NATURE OF INJU	KT IN TIEM 18 PART 1 O	K PART 2)	
CONT	IBUTING CAUSE OF E		FINJURY (ATHOME.	216 100	CATION				
	NOT WHILE		DRY, FARM, ETC.)		TREET	CITY OR TOW	N	COUNTY	STATE
AT WO	ORK AT WORK								
CONTI 21d. IN WHILE AT WC 220 death ACTU/ SIGNA (TYPE C 230 BURIAL C 250 CERTAIN)	I certify that I taak charg	e of the remains desc	ribed abave, held an	Autops	sy , Inspection	, Inquiry [, and in m	y apinian	
death	resulted fram: Natur	al causes .	Accident . Su	icide .	. Hamicide .	Undetermined man	ner ,		
	. 17.		11		TITLE (SPECIEV)				
ACTU		A. DA	TRAN)	M.	odlepuly	MEDICAL EXAMI	NER SIC	SNED - 25	1-03
- FYAM	NER'S NAME 662	- 0	1	11	RI.	1			
(TYPE	DR PRINT) 563	2 ans	apolo	14	ADDRESS LE-ALL	Jugar	M) i	0710	
230. BURIAL, (REMATION, REMOVAL 2	3b. DATE 1/31/83	23c NAME OF CEA	METERY OF	R CREMATORY	23d. LOCAHON CITY OR TOWN	1 D C	OUNTY	STATE
			Ma. Nat	Lona	al Mem.Pa				1.
FLEGI	FUNERAL	HOME ADDRESS	C			EC'D. BY REGISTRAR	256 REGISTRAR	SSIGNATURE	0
7601	Sandy Spr	ing Rd	Laurel	Md.	207 FEB	3 198 3	John	y which	8



	REGISTRAR			DEPAI	CERTIF	ICATE OF DEATH	REG. 1	NO.		
	CEASED NAME	FIRST		MIDDLE	L	AST				26 HOUR
	1	Mildred		M.	And	lers	January 2	8, 1983	3	4:18
3. SE.	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST B		TOUNTY OF DEATH TOUNTY	IF UNDER 24
F	remale		Whit	te	Sept	t. 7, 1906 A	76			
70. B	IRTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTR	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	ennsylvania		U.S.		WIDOWE			6.	County	r
La	ITY OR TOWN OF DE	D	octor	s Hospi	tal of	Pr. Geo. Co.	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Retired	OF WORKING LIFE	Sales	Cle
130 3	AL RESIDENCE (IF NUR STATE Aryland	13b. COUNTY		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 7117 Varn			20784
	ATHER'S NAME FIRST Lexander	MID	DDLE	Adams		15 MOTHER'S MAIDEN NAME FIRST Elizabeth	WE	300	Ferry	ī
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDR	RESS Add	ress Sa	ame as
No	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	577-30	-8857	Barbara J. I	lalls	No#	13e.	
	Conditions, if any gave rise to im couse (a), stati underlying cousi	mediote ng the	DUE 10, 0	(1)	Mroni ware(Obstrative	Palionen	Englis	120 De	o ye
ATION	gave rise to im couse (o), stati underlying couse	mediote ng the e lost.	DUE TO, O	IR AS A CONTENTION ON TRIBUTING	Made	the Head	1 Fail	English Ever	MENE FINDIN	ye ye
RTIFICATION	gave rise to im couse (o), stati underlying couse PART 2 OTHER SEC	mediate ng the e lost.	DUE TO, O	ONTRIBUTING	Made	N WAS PERFORMED	THE AUTOPSYT	IN CERTIFY YES	YING CAUSES	
CAL CERTIFICATION	gave rise to im couse (o), stati underlying couse	MEDIANT COL	DUE TO, O NOITIONS C 199. COND 219. TIME C HOUR A	ONTRIBUTING	Made	the Hear	THE AUTOPSYT	IN CERTIFY YES	YING CAUSES	OF DEATH
	gave rise to im couse to; stofi underlying couse to; stofi underlying couse PART 2. OTHER SIG	mediate ng the e lost. NIFICANT COL ATION CRUSS OF DEATH INCA (EXAMINER)	DUE TO, O NOITIONS C 199. COND 2) E TIME C HOUR A P 21e PLACE	ONTRIBUTING I	DAY YEAR	N WAS PERFORMED	THE AUTOPSYT	IN CERTIFY YES	FING CAUSES	NO [
MEDICAL CERTIFICATION	gove rise to im couse to; stoti underlying couse PART 2. OTHER SIG	mediate ng the e lost. NIFICANT COL ATION CRUSS OF DEATH INCA (EXAMINER)	DUE TO, O NOITIONS C 199. COND 2) E TIME C HOUR A P 21e PLACE	ONTRIBUTING T ONTRIBUTING T OF INJURY M. MONTH M.	DAY YEAR	N WAS PERFORMED 1714. HOW INJURY OCCURS	78s. AUTOPSY? YES NO S	IN CERTIFY YES	FING CAUSES	NO [
	gave rise to im couse (o), stoff underlying couse (o), stoff underlying couse (o). The couse (o) to the cous	mediate ng the e lost. NIFICANT COI NIFICANT COI CAUSE OF DEATH CAUSE OF D	DUE TO O (c) NDITIONS C 199. COND 199. COND 210. TIME C HOUR A P 210. PLACE Lat HOME, III	ONTRIBUTING TO STRICT OF INJURY MEDITAL PACIFIC OFFI	DAY YEAR 19	N WAS PERFORMED 1714. HOW INJURY OCCURS	78s. AUTOPSY? YES NO S IED (ENTER NATURE OF PAI	IN CERTIFY YES	COUNTY	that (1) (w
	gave rise to im couse (a), stati underlying couse (b), stati underlying couse (b). The couse (b) and the couse (b) and the couse (b) and the couse (b) and the couse (c) and t	mediate ng the e lost. NIFICANT COL STION CAUSE OF DEATH ALE AMMERITY RED Sed alive on did (did nost)	DUE TO O INDITIONS C INDITION	ONTRIBUTING TO STRICT OF INJURY MEDITAL PACIFIC OFFI	DAY YEAR 19	N WAS PERFORMED THE HOW NUTRY OCCURS THE LOCATION SHEET TO SHEET ATTENDING PHYSICIAN	78s. AUTOPSY? YES NO S IED (ENTER NATURE OF PAI	OWN date and hour	COUNTY COUNTY	that (1) (aucouses state
	gave rise to im couse (o), stoft underlying couse (o). Stoft underlying couse (o). The stoff underlying couse (o) and the stoff underlying couse (o) and the stoff underlying (o). The stoff underlying (o) and the stoff underlying (o) and the stoff underlying (o) and the stoff underlying (o). The stoff underlying (o) and the stoff unde	MEDIANT COL	DUE TO O INDITIONS C INE COND INE COND INE COND INE COND INE TIME C HOUR A P ILE PLACE Lat HOME. In ottended the body RINTI	ONTRIBUTING TO STREET OF INJURY OF I	DAY YEAR 19	N WAS PERFORMED THE HOW NUMBER OCCURS THE LOCATION STREET THE STREET TO SERVE OF THE SERVE O	The AUTOPSY? YES NO SED (INTERNATURE OF PACEDICAL ST. DIRECTOR PHYS	date and hour	country 22t. DATE Jan28	that (I) (aucouses state SIGNED 3, 198
WEDICAL MEDICAL	gave rise to im couse (o), stati underlying couse (o), stati underlying couse (o). The state of the couse (o) the	IMEDIAN CONTROL OF THE CANT CONTROL OF T	DUE TO O NOTIONS O INE COND INE C	ONTRIBUTING TO ONTRIBUTING TO MANUAL	DAY YEAR 19	N WAS PERFORMED THE HOW NIJURY OCCURS THE LOCATION SINES THE LOCATION TO BE ATTENDED THE LOCATION TO BE ATTENDED THE LOCATION TO BE ATTENDED TO BE ATTEN	The AUTOPSY? YES NO S THE CHICAL ST. DIRECTOR PHYS 130 LOCATION 131 LOCATION 131 LOCATION 133 LOCATION 133 LOCATION 133 LOCATION 134 LOCATION 135 LOCATION 135 LOCATION 135 LOCATION 136 LOCATION 137 LOCATION 137 LOCATION 138 LOCATION 138 LOCATION 139	date and hour	country 22t. DATE Jan28 Maryla	that (I) (consessed in Signed 3, 1983

STATE OF MARYLAND

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

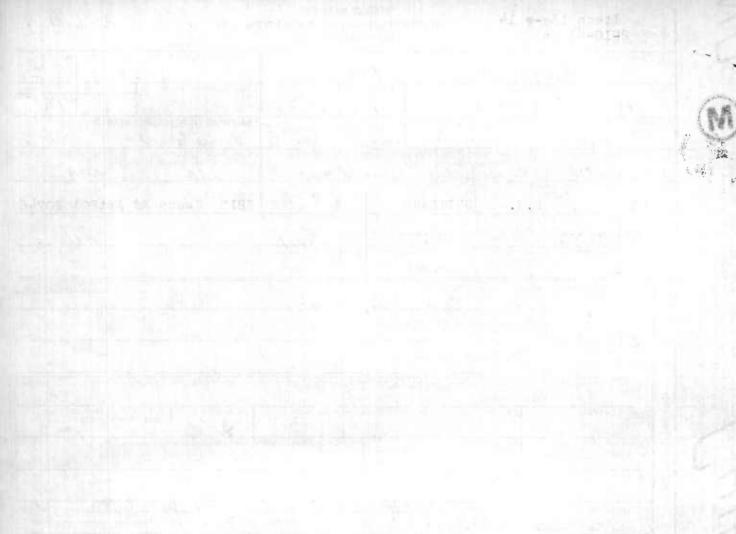
A ALT Ciliford 9. - Anders 1995 Scott, 7, 1000 . . 1 0 Winnel riegroof easign trainer octortal manifel of F. Ceo. Co. Cotions LETE - chock ois gerino m.n. tandover Hills x affil Termon Street 1900 nitodoxi [3 sec one! were the . 2 1 - 0 1 MANUEL BEREITH PHANCE OF FRANCE make a second of the second of the Seer, Chart and Arthur Charles C. Maloney, Sr. M.D. | 4814 71st. Ave. Systisville, Maryland Employ Jan. 31,1985 Pt. Vincela Corolery Reentwood F. F. Dureland F. Guch's Sons L.B. E. . Dvattsville, Marsland

SHAF ARENE The state of the s JAN E1903 Jang Caring

	1. DE	REGISTRAR CEASED NAME E OR PRINTS	e First		MIDDLE P.		Aske	ST W		2a. DATE KN OF E DEATH M	STI-	ONTH DAY YEA	3
	3. SE	emale	4. RACE White	S. DATE OF BIS MONTH DEC. 7	1891	6. AGE (IN YEAR LAST BIRTHDAY 91 YRS	MONTHS		UNDER 24 HR		MŌI	NIH DAY YE	AR 3
C	No	RTHPLACE (ST REIGN COUNTRY) Tth Car	rolina	U.	S.A.		WIDOWE	D 🛣 D	MARRIED [Prince	Georg	e's Count	
0	L	ndover		6312 (HOSPITAL, NUR CHEACILITY, GIVE ST) 1d Land	dover R	oad	RINSTITUTIO	N 12a. U	SUAL OCCUPAT DR MOST OF WORKIN HOUSEWI E	ION (TYPE OF W	ORK 12b. KIND OF OR INDU OWN HO	STRY
5		TATE 2078	1	NE OR OTHER INSTITUTION JUST 4		BEFORE ADMISSION OR TOWN dover		8d. INSIDE CITY L YES 🛣 h	IMITS? 13e. S	TREET ADDRESS 312 01d	Landov	er Road	20
1		THER'S NAME James	3	F.	Pearc	LAST C		Rosa	MAIDEN NA	ME	E	Thompso	n
	16a. V (Y	AS DECEASED S, NO, OR UNKNO NO	D EVER IN U.S. A	ARMED FORCES? IVE WAR OR DATES)		28 7148		Charlo			ame as	#13 (Dau	gh
	ATION	PART 2 DTNER SIG	GNIFICANT CONDITIO	(c) NS <u>contributing</u> to di	OR AS A CON-	TED TO THE TERMIN	IAL DISEASE D					20. AUTOP:	EVS
1	CERTIFICATION		L CAUSE WAS		E OF INJURY	THE TOTAL CONTRACTOR				ER NATURE OF INJURY		YES [
1	MEDICAL CE	UNDERLYING CONTRIBUTION	OCCURPED	HOUR F DEATH	A.M. MONTH P.M. CE OF INJURY	19	21f. LOCA		CURRED TENI	ER NATURE OF INJURY	IN ITEM IB PART I	OR PART 2)	
	WEI	WHILE AT WORK	NOT WHILE AT WORK		FACTORY, FARM, ET		STRE			CITY OR TOWN		COUNTY	
- 1		22a. I certif deoth resulte ACTUAL		orge of the remains tural causes ,	Accident	ve, held on Suic	Autopsy ide	Homicide	V	Inquiry A	er .	my apinion	7
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2	73. P	SIGNATURE_ EXAMINER'S I (TYPE OR PRIN	NAME Sai	d A. Dae		IAME OF CEMI		DRESS Bla	adensbu	irg, Mar	yland 2	12xBeth _{Vi}	

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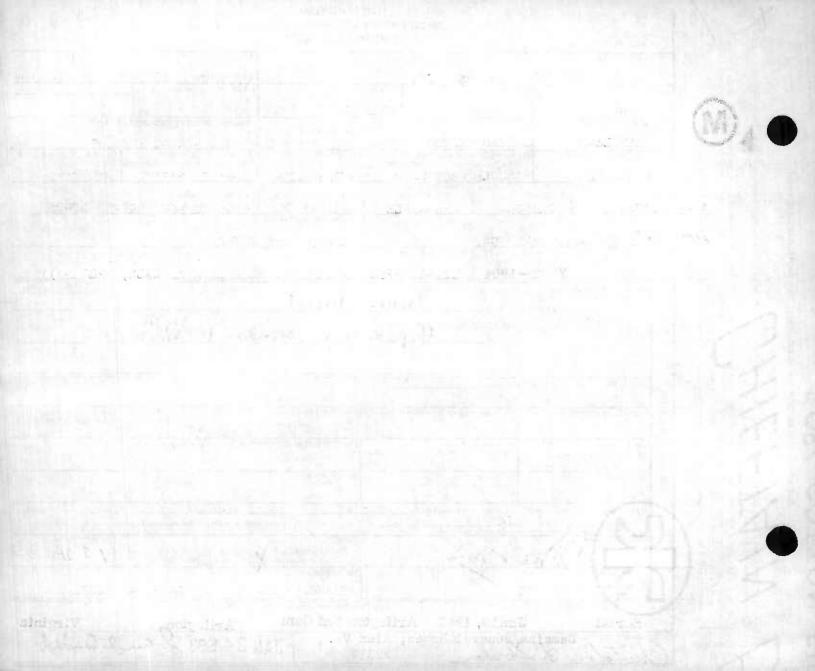
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A STATE OF THE STA	1. SEX	ale	1. RACE White	5. DATE OF BIRTH MONTH DAY 12/29/16	YEAR	6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER LYR.	FUNDER 24 Hours MI	HRS. 2c. DA	ATE DUNCED EAD	MONTH	D/03 19 DAY YEA D/83 19	9:47,a 2d HOUR 9:47,a
NECESSARY FUNERAL DIS 5 FOR YOU WITHIN 72	7a BIR	THPLACE (ST FIGH COUNTRY) NNESSE	ATE OR	76 CITIZEN OF WHAT COUNTRY? 8. MARDIED 1. BALTIMORE CI						TIMORE CIT	TTY OR COUNTY OF DEATH Georges			
ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DELAY IS NEI 18. GIVE PAGES 1, 2, AND 3 TO THE FUN. 5. WITH FORM PM. 3. RETAIN PAGE 5 F MIT. PAGES 1 AND 2 SHOULD BE FILED, W E. DIVISION OKATIAL RECORDS, 201 W. I	Lane	ortown o	fills	4010 /4# Place							Offic	Office		
21201 RETAIN HOULD B	USUAL 13a ST. Ma	RESIDENCE OF ATE	13b. COUN	DR OTHER INSTITUTION, G		idover 11s	ON)	134. INSIDE CITY	Y LIMITS? 13	e. STREET AD 401	DRESS 0 74th	n Place	2078	4
ME, MD. DEATH. IF SES 1, 2, 3 A PM 3. A PM 3. AND 2 S	1	HER'S NAME FIRST Villian	n		rksda	last ale, s	r.	Juli		VAME	MIDDLE T.		oberts	
IT., BALTIMO UURS AFTER I 18. GIVE PAG WIT PORES I MT PAGES I	16a W.	AS DECEASED	Peac	med forces?		10 808		Eliza		. Bark	ADDR		as #13	(Wife
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA AS 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I AND 2 SHOULD EDERARMAENT OF HEALTH AND MENTAL HYGIENE, DIVISION ON THE PECONO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave ris cause (a) lying caus	os, if ony, which e to immediate stating the underselast.		AS A COX	100.00.00	DF DF DF DF DF	Ser E OR CONDITION (GIVEN IN PART I	10).	ne			
VITAL RECORI SHOULD BE ED ORD "PENDIN CHIEF MEDIC CHIEF MEDIC TI OF HEAITH I	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	'AS PERFORM	NED?				20 AUTOP	
CERTIFICATE S CERTIFICATE S ITING THE WC DDD TO THE (E 3 SHOULD BE S PRIOR TO BIT OF PRIOR TO	EDICAL	UNDERLYING CONTRIBUTION	G CAUSE OF	21e PLACE	I, MONTH	19 (AT HOME,	21f. LO	OW INJURY C	OCCURRED (OF INJURY IN ITEM		ART 2)	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF VER DEFENDENT WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		AT WORK	y that I took charged from. Natur	pe of the remains description of the remains described on the remai	Accident		Autop icideM	Homicic TITLE (SPI	ecify) uty	Inquestermines MEDICAL EX	AMINER		pinion ED 1/20/	
BP————————————————————————————————————	23a. BU		ION, REMOVAL		23c. 1		METERY O	erans	Cem.	Chelt	enham	P.G	Mar	state
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			CEASED NAME FIRST	ETTA	M		ARRY	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 11:00P)
ge 4 mo		3. SE	× Female	4. RACE White		July	22, DAY 1911 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
leoth. Pa ineral dir in 72 hou	SE		RTHPLACE (STATE OR FOREIGN	U.S.A		WIDOWE		9. BALTIMORE CITY OR COUNTY PRINCE GEORGE	
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ond c	The medicol	16a V	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	165. SOCIAL SECU 579-48-4			erry Same as #1	3 (Husband)
quires that the death ce signed by the attending hen please remave carb to burial, cremation, or r	ury, or giner froumatic	7	Conditions, if any, which gave rise to immediate cause (a), starting the underlying cause lost. PART_OTHER SIGNIFICANCEREBRAL VASCU	DUE TO, OI	R AS A CONSEQUE NCUTE PULI	NCE OF MONARY	VSI VET MYOCARD	ERMINAL BRONCHO-	
on. has been permit. T	2	CERTIFICATION	FAILURE (C) RECL	IRRENT AN		OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
SICIA ng ph certifi certifi iriol-tr	G G Hed or Hem 18 su	MEDICAL CER	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK	EATH HOUR A.	M. MONTH DA	19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM II CITY OR TOWN	G PART I OR PART 2) COUNTY STATE
OR ATTENDIN e haspital ar DIRECTOR: Af iched far use a Dept. of Health	MPORTANT: If Ifem 21 is mo		270. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATUR	an_ not) view the body	19		DEGREE ATTENDING PHYSICIAN [, to	1-16-198
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FLECK FUNERAL HOME, INCAPORESS 7601 Sandy Spring Rd. Laurel

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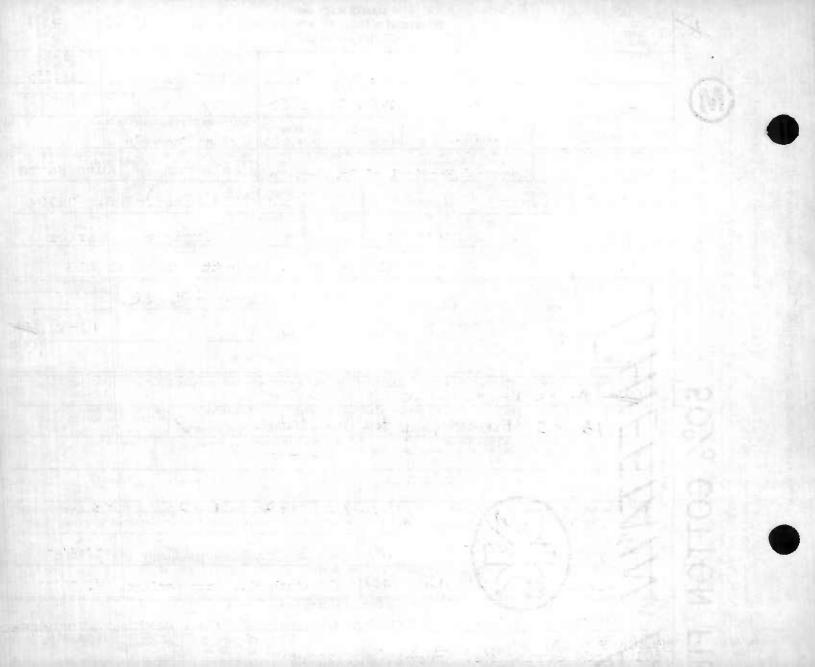
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

BY REGISTRAR 186. BEGISTRACES



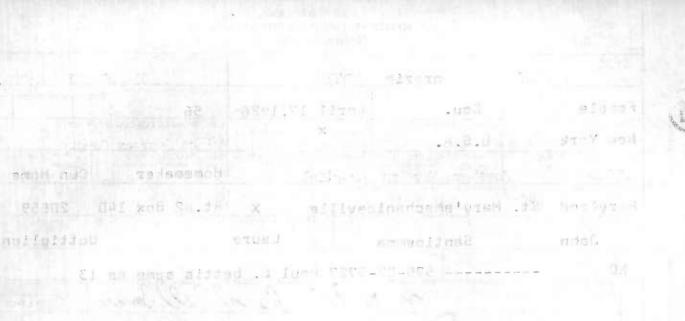
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3	SEX	MALE 4. RAC	John	5. DATE OF BIRTH	YEAR 6. AGE (IN YE	MONT		IF UNDER 2	24 HRS. 2c.	DATE DNOUNCE	ATED .	HTMOM	DAY	YEAR	2d Hoye
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4	_	Pow ie		11 NAME OF HOS	PITAL, NURSING HOM		ER INSTITUT		1120, USUAL OCCUPATION (TYPE OF WORK					OF BUS	Oyes
	isua 1 a		136 COUNTY	Υ	130. CITY OR TOWN BOW IE	134 INSIDE CITY LIMITS? 13 STREET ADDRESS YES NO 12006 Toward				a L	ane	207	15		
11		THER'S NAME Cyril	1	WIDDIE	Berry				i an	MIDDL			assi		710
	0a W	AS DECEASED EVER 5, NO, OR UNKNOWN) YES	(1F YES, GIVE W	/AR OR DATES)	166 SOCIAL SECURIT 2 14 - 36 - 9 far (o), (b), ond (c).)		Mari		. Ber		2006		wand		7/15 a.
DRIAL CREMATION, OR REMOVA	NO	Conditions, if gove rise to couse (a) storing lying cause last. PART 2 OTHER SIGNIFICAN	ony, which immediate g the <u>under</u>	(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	fer OF	S CONDITION	O GIVEN IN PAR	T I (a)						
	CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDIT	ON FOR WHICH OPERATION WAS PERFORMED?								TOPSY?	NO P	
3		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DI	EATH P.M	MONTH DAY YEAR	R	OW INJURY	OCCURRED) (ENTER NATI	JRE OF INJURY	IN ITEM 18 PAR	T I OR PAR	Т 2)		
	144	21d. INJURY OCCUR WHILE NOT AT WORK AT W		21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET		C	TY OR TOWN		cou	NTY		STATE
7		22a I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Naturo	A. Daee	EEM	Autap	Homici TITLE (SF		Undeterm - MEDICA	Inquiry ined monne	er .	DATE SIGNET	1-1	7/ lc. nsbu	83 1rg
2:	2. DI	Burial			23c. NAME OF CE	METERY O	R CREMATO	RY	123d. LOCA	TION	Uvil			ry¶^	
2	24. FL	NERAL DIRECTOR	Bea nnapo	II Fune		Re.	12	JAN	241	383 ^{AR}	REGIST	RAR SI	Cour	uf	î

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Waldorf, Maryland

Funeral H ome.

(VRA 15, 4)

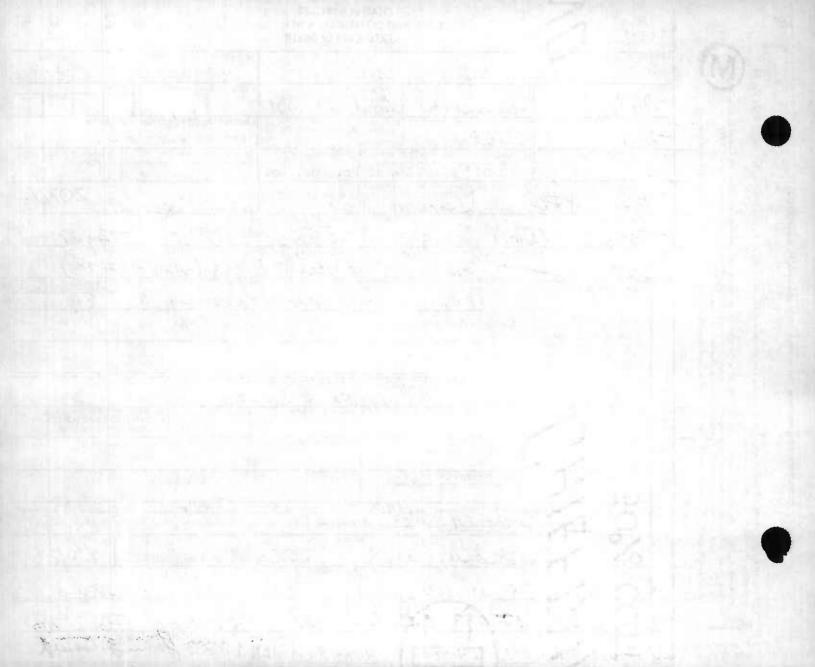


1-16-83 PA. Perv's Lem. Grosntown, Charles, Mc. ..

Munte Funerel Home, widget, Leryland

THE THE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b. HOUR January 10, 1983 IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's Co. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 6mas CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (any) (our) opinion death accurred on the date and hour and from the causes stated 22c. DAJE SIGNED PHYSICIAN [incok BP BY REGISTRAR SY REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)



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	1	STATE REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE		20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
ge 3		Kuth	m. Botts		1-	9 - 83 1/23 AM
	3. SE	X /	S. DATE OF E	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
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722 576	70. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
2 2 5	10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR C		12a USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
softe rs ofte filed will filed will		Laurel 6	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	159 Home	TYPE DE AVORK FOR MOST OF FROM	PRING LIEE) INDUSTRY
MARYLAND 21201 ed within 24 hours ampletely filled in by ond 2 should be file		STATE 136. COUNT	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. Wew Carnoll H	d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	70/1 ZO784
RYLA within within d 2 sho	14. F	ATHER'S NAME	15.	MOTHER'S MAIDEN NA		
0 _ /	1	James L	Vanklek	SUS/E	(VMI) ADDRESS	millER
BALTIMORE, one be executed by sicion and copers. Pages, vol. 17, the medical		WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V		4 Mary	Campbell	1/dtil SAB
i figure		PART I. DEATH WAS CAUSED	1/ 2 1/	Paris		BETWEEN ONSET AND DEATH
41 07 2 1		5692 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	1 / i	recet	a says
PRESTON the death or the ottendin emotion, or er froumotic		Conditions, if ony, which	(16) Parlone ofest	bucken		3 months
S or t		gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS CONSEQUENCE OF	alle 1	Lutil.	4 most
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ECORDS ow requirement. The prior to ony injury	CERTIFICATION	19s. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION V	WAS PERFORMED	20a AUTOPSY? 20b	. IF YES, WERE FINDINGS USED
ALRE OON.	JE				YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir t ottending physicion. Wher this certificate hos been signs whe buriol-tronsit permit. Then th and Mental Hygiene prior to be orked or Item 18 shows any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	It HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
SION OF PHYSICIA ending pl this certifi te buriol-t nd Mentol	MEDICAL	11F EITHER, NOTIEY MEDICAL EXAMINER) 21d. IN JURY OCCURRED		II. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION DING PHY or offends After this e as the bu	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE
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OR ATTE to hospite DIRECTO oched for Dept. of I		sow the deceosed olive on obove, (1) (we) (did) (did not)	riew the body ofter death.	GREE	death occurred on the date o	nd hour and from the couses stated
			= m.10	ATTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	D 1/9/03
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TO HOSP retoined I		K. IK	29			
	230	BURIAL, CREMATION, REMOVAL	10 TA-00 11/2 11	ETERY OR CREMATORY	23d LOCATION CITY OR TOWN	An min
BP	24, F	UNERAL DIRECTOR	120 Am 85 (edar Mu	, m 250. DAT	E REC'D. BY REGISTRAR 700	REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/B2 (VRA 15, 4)	K.	Corant Lanhon	NEH, GOBAMNAPOLS RO		N 1 8 1983	and lands

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10	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 2 3	0 7
		CEASED NAME FIRST		MIDDLE	t.	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR P
~			ANCES	A		BOYER	JANUARY	11 1983	8:00° _M
	3. SE	Female	White	2	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COU	NTY OF DEATH	
000		ennsylvania	U.S.	Α.	WIDOWE		PRINCE GEORG	ES COUNTY	MD.
184	100	TY OR TOWN OF DEATH Laurel	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION VILLE HOSPITA	Meaver Type of work for most of working the second	NG LIFE) INDUSTRY	Mill
Pe -	USU.	AL RESIDENCE HE NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				
とり		ryland P	.G. Co.	Laurel	Z	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 12801 Black	Oak Dr	. 20708
A lane	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		
00		Frank	MIDDLE	Kopick	i	Veronic	MIDDLE	Kopi	cki
medicol		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
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, ne		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only ane cause per	life mail you	disk.	Out a mar M.	ALL ADDRES	BETWEEN	IMATE INTERVAL ONSET AND DEATH
event,			DIATE CAUSE (a)	1.1115	110-	PULLIGNA	ry Arrest		
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other		gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, O	RASACOSE O	OWA	MY ARTERY	DISEASE		
njury, or	NO.	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION	GIVEN IN PART 110	3
7	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CE	YES, WERE FINDIN	OF DE ATH?
ols 81	ERT	210. ACCIDENT WAS UNDERLYING			_	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES	NO []
Fem 1	ICAL O	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA					
10	MEDIC	21d. INJURY OCCURRED	21e. PLACE		19	211. LOCATION			
	¥	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
morked		220.1 certify that (1) this ha	ospital) attended th	e deceased from_	Row	1982 19		19 83	that (II)(we) last
5	-	sow the deceased alive above, () (we) (did) (did	00	19_1	33, on	d that in my (our) apinion	death occurred on the date and		
# E		22b. SIGNA	A A	1	1	DEGREE		22c DATE	SIGNED
<u>*</u>		Kiniga	u ch	upt n	11)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	111	2/83
MPORTANT	1	22d PHYSICIAN'S NAME	POR PRINTI	1		22e ADDRESS	0.4 / \		/ A-IDE
ğ		CINEGURY	A . (%	MPTON		14201 LAVA	UZ HARK 1)	R # 164	MAD.
ξ		URIAL, CREMATION, REMOV	AL 23b DATE	23c. h	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		-10
	7	Burial	1/14,	/83 St	. Jo	hns Cem.	Dallas, Luz	zerne. P	a.
4/82		NERAL DIRECTOR	THOME				E REC'D. BY REGISTRAR 25b.	SISTRAR'S SIGNAT	103
	7	LECK FUNERA 601 Sandy S	pring P	Laur	e1. N	1d. 20707 J	AN 131983 /	rande	shelf
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George P. Kalas Funeral Home

(VRA 15, 4)

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MPORTANT

BP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST 20 DATE OF DEATH MONTH 2b. HOUR BROWN BRILEY JANUARY 1105p M 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR BLACK NOVEMBER 26 1926 56 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED UNITED STATES DIVORCED WIDOWED PRINCE GEORGES NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MALCOLM GROW USAF MEDICAL CENTER TEACHER PG SCHOOLS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? PRINCE GEORGE (20735) CLINTON YES X NO [8420 WOODYARD ROAD 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST BROWN RUBY BANKS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 229-22-7658 JAMES BOYD BRILEY 8420 WOODYARD ROAD 18. CAUSE OF DEATH IEnter only one couse per line for an including ARREST CARDIORESPIRATORY ARREST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1629 IMMEDIATE	DUE TO, OMETASTATURCE QAT	CELL CANCER	Hirest	15
Conditions, if any, which gove rise to immediate cause (a), stating the	16) Metastati	c Oat Ce	Il Conce	- 13
underlying cause last.	DUE TO, OR AS A CONTENTION PA		MINAL DISEASE OR CON	DITION GIVEN IN PART 110
190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \text{TIPE NO} \end{array}
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI	
21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE

Tan

DEGREE

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

January 31, 1983 Brown's Cemetery

ATTENDING PHYSICIAN

MALCOLM GROW USAF MEDICAL

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

FOR

I. DECEASED NAME

REGISTRAR

VIRGINIA

ANDREWS AFB

YES NO OR UNKNOWN

MARYLAND

4 FATHER'S NAME

CHARLES

O. BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

JOHNNIE

S.

N/A

- STATE

TYPE OR PRINT!

FEMALE

3. SEX

663B Old Alexander Ferry Road, Clinton, Maryland

23b. DATE

22a.1 certify that (1) (this haspital) attended the deceased from 24

saw the deceosed alive an 26 Jan

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

THOMAS SULLIVAN

23e. BURIAL, CREMATION, REMOVAL

obave, (Diwe) (did) (did not) view the body after death

250, DATE REC'D. BY REGISTRAR 23h FEB

23d. LOCATION

26 Jan

and that in (my) (our) opinion death accurred on the date and haur and fram the causes stated

MEDICAL STAFF

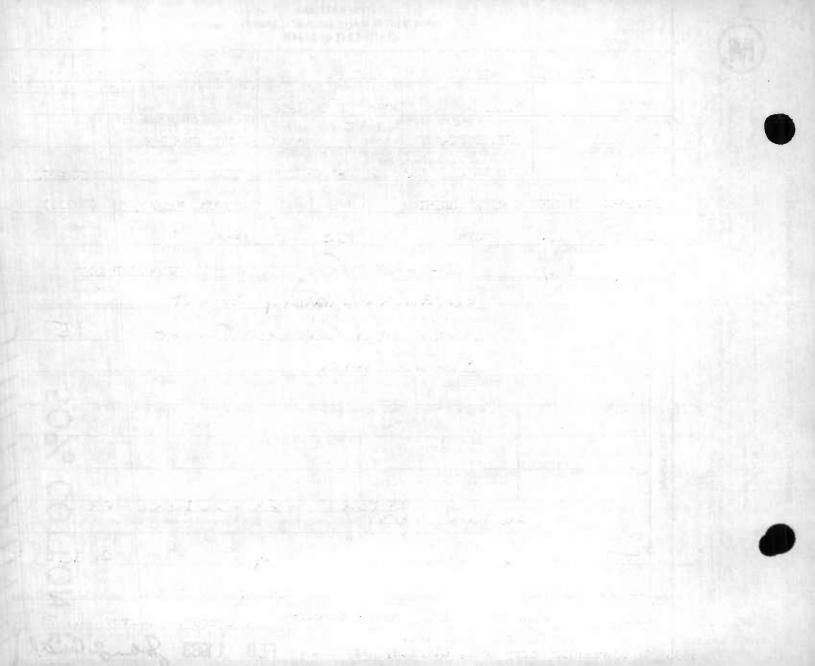
CITY OR TOWN

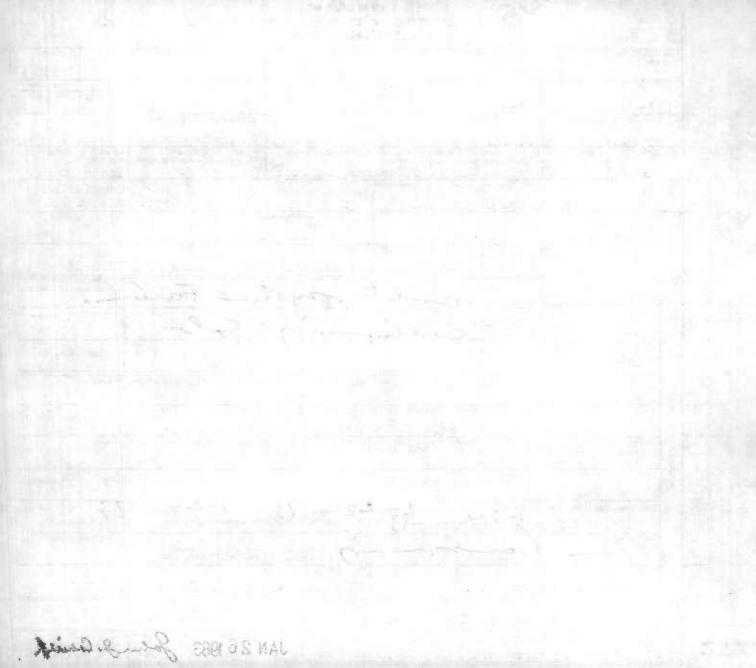
Surrey,

COUNTY

Surrey Co.,

22c. DATE SIGNED





	1/		FOR			STA DEPARTMENT OF		AARYLAND I AND MENTAL H	YGIENE 3	C	2	3	
	15		STATE REGISTRAR		ME	DICAL EXAMIN	IER'S	ERTIFICATE C	F DEATH	REG. NO			
	1		CEASED NAME OR PRINT)	FIRST	4-	MIDDLE		(R ~ - 1	OF	KNOWN D	MONTH	21	83 9.30
	E E E E E E E E E E E E E E E E E E E	SEX	4. RAC	Kobe	S. DATE OF BIRTH	6 AGE (IN YE		BEOWN DER TYR. IF UNDER		MATED [MONTH	DAY	YEAR 2d HOUR
	200		Mak	W	Sept. 9	1933 LAST BIRTHO	MONT		MIN PRONOL DEA	INCED	1	2/ 19	83 9.50
	44(W)	70-BI	RTHPLACE (STATE OR		76 CHIZEN OF WI	HAT COUNTRY?	10	NEVER MARR	IED	MORE CITY OF	_		Н
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	PAGE BEFILED		Bow ie		Bow I e		ente	er institution	Veten	PREING LIFE) U	S DA	APP	OF BUSINESS USTRY
10016	SECOND 3	13a. S	RESIDENCE (IF IN IN	13 PCOUNT		13t. SITY OR TOWN	ION)	T3d. INSIDE CITY LIMITS?	13. 41860 PD	Essoy do	n La	a. 20	715
\$	H-WONS	14. FA	THER'S NAME		MIDDLE	LAST	4	15. MOTHER'S MAIDI		MIDDLE		LAST	
8	PAGES RW P NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	Ión V	Merritt AS DECEASED EVER	INUS ARM		Brown, Sr		E.	Lo	ADDRESS		Down	ning
T A S	AFTER SIVE PA SIVE PA SIVE PA SIVE PA VISION	(YE	S, NO, OR UNKNOWN)	(#F YES, GIVE W	VAR OR DATES)	159-30-6		Nancy E	. Brown	Same	as	#13	IMATE INTERVAL
TO MODE OF THE PROPERTY OF THE	UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALON STATAL TRANSIT PENCIL D MENTAL HYGIEN ON, OR REMOVAL		Canditions, if gove rise to cause (a) stating lying couse last	any, which immediate g the under-	(c)	AS A CONSEQUENCE	gen Je	atours	of de	sore	ler		
20000	D BE EXE ENDING MEDICA AS A BI CREMA	TION	190. DATE OF OPER			BUT NOT RELATED TO THE TERI			RT 1 %				
1417	SHOULD ORD "PE CHIEF A E USED I TOF HE, URIAL,	CERTIFICATION	190. DATE OF OPER.	ATION	IVE. CONDI	TION FOR WHICH OPE	KATION W	AS PERFORMED?				20 AUTO	
	S CERTIFICATE S RITING THE WO RDED TO THE C SE 3 SHOULD BE E DEPARTMENT OI PRIOR TO BL		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR	1	MONTH DAY YEA	R 21c H	OW INJURY OCCURRE	D LENTER NATURE OF I	NJURY IN ITEM 18 PA	ART I OR PAR		
200	THIS CERTIFICA WARDED TO THE WARDED TO THE PAGE 3 SHOULD TATE DEPARTM	MEDICAL	214 INJURY OCCUR WHILE AT WORK AT V			OF INJURY (AT HOME, IORY, FARM, ETC.)		CATION	CITY OR T	OWN	COU	NTY	STATE ,
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE. WRITINGS THE WORD "PROFE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		228. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME	n: Noture	e of the remouns des	cribed abave, held on Accident . Si	Autop	sy . Inspectio , Homicide . TITLE (SPECIFY)	Undetermined of	nanner .	DATE SIGNED	1	21-83
	TO ME EXECU PAGE TO FU AFTER BALTIN	23a.BI	(TYPE OR PRINT)	5.0	SC CON	1236 NAME OF CE	METERY C	ADDRESS SCO	23d. LOCATION	5	")		
	BP	(5	Burial		1-25-83	Memori		ark	Bethile	eham, N		mpto	'n Pa.
	DHMH - 17 (VR A15 ME (5))	74 FI		Beall	Funera lis Rd.		1d. C	Lee JAI	28198	AR 250 PEQUE	LIKAR'S Y	D'US HILL	~
	20M 4/82												

Source content Center Veter aim USTAL Center Strangard narrows find the second second law second W. steen, Sr. i. Lolit founding Mild as some I seems I would be a filled as a filled a Thought Have delicated Shert fell phase SE-RT-F | filling Se la Freeziste Conex land some some

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. 85			CEASED NAME OR PRINT)	FIRST		MIDDLE		Ü	ST		20. DATE OF	EATH MONTH	DAY	YEAR	2b. HOUR
y be				nie		liam		UDD				01	11	83 7	.454 MM
E 4		3. SEX			4. RACE			DATE O	DAY	YEAR	6. AGE (IN YE	RS LAST BIRTHDAY)	MONTH	DER I YEAR	HUNDER 24 ARS
			Male		Cauca			ept	. 2,	1929	53		RS.		
A Market	54	1	RTHPLACE (STATE OR FO			.A.	w w	IDOWE		ORCED		George:			MD
offer of the filed with	6		TY OR TOWN OF DEAT	1.5	11. NAME OF (IF NOT IN SU outher	CH FACILITY, GIV	E STREET ADDR	ESS)	ital C		120. USUAL O	OR MOST OF WORK	ING LIFE) 12	L KIND OF	BUSINESS OR
AND 212 AND 212 AND 212 AND 212 The fine of the fine	5		TATE	36 COUN	OTHER INSTITUTION	134. CITY O	E BEFORE ADM	IISSION)	13d INSIDECT		13e. STREET A				20745
MARYLA bampletely and 2 sh	Û	14 FA	Roy	Lei	AIDDLE E	Budd,	_		15. MOTHER'S	MAIDEN NA	W.E.	66 WIDDFE		urph	
MORE, e execut n ond co Poges 1		16a V	AS DECEASED EVER IN		MED FORCES?	166 SOCIA	LSECURITY	'NO.	17 INFORMA	NT	38 Mat	tTMB1e	y Av	enue	-
TIMO S. Pool			ES NO OR UNKNOWN)		rean	579-3	36-73	10	Wilb	ur O.	Budd,	India	n He		Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the oftending physician and completely IIII at the ast the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be the hand Memal Hygiene prior to burial, cremation, or removal. The shows any injury, or other traumatic event, the medical examiner minutering or the contract of the contract		NOI	Conditions, if any, gove rise to imme cause (a), stating underlying couse	the lost.	(c)_	OR AS A CON			NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITION	1 GIVEN IN	PART Ita	
TAL RECOR	2	CERTIFICATION	190 DATE OF OPERATION	NC	196. COND	ITION FOR V	VHICH OPE	RATION	WAS PERFOI	RMED	200 AUTOP	SY? 20b. I	F YES, WER ERTIFYING YES [RE FINDING CAUSES O	GS USED OF DEATH?
SICIAN: The physicic certificate vial-transit femal Hygis ifem I have been a second the second in th	9		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT		OF INJURY M. MONT M.	H DAY	YEAR 19	21c. HOW IN.	IURY OCCURE	ED (ENTER NATU	RE OF INJURY IN ITE	M 18 PART I C	OR PART 2)	
DIVISION DING PHYS or attending After this of the business of		MEDICAL	216. INJURY OCCURRE WHILE NOT WHIL AT WORK	_	216. PLACE (AT HOME, ST	OF INJURY	OFFICE, FARM, I	ETC)	211. LOCATIO STREET	N		CITY OR TOWN	c	OUNTY	STATE
AL OR ATTEND The hospital of AL DIRECTOR: A detached for use ate Dept. of Heal IT: If Item 21 is m			22a.1 certify that (1) (t sow the deceased obove, (1) (we) (die 22b. SIGNATURE 22d. PHYSICIAN'S	olive on d) (did not	week the fody	2	19.83	L, and	EGREE A P 22e ADDRESS	TTENDING HYSICIAN E	MEDICAL DIRECTOR	on the date and	havr and	from the co	IGNED
TO HOSPIT retained by TO FUNER should be with the Sti		23a. B	S. Josef		236. DATE		23c NAM	E OF CE	4467 METERY OR C		23d. LOCAT	ON	nple H	lills	, MD ₂₀₇ /
BP			Burial		1-13	8-83	St.	Joh	nes C	h. Cer	-	n Hill	P.	G.	Md.
DHMH - 16 50M 4/82 (VRA 15, 4)			neral director ntt Fune:	ral	Home,	Wald				25a. DAT	N 1 7 19	83	GISTRAR'S	SIGNATURAL CO. L.	reef

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use Sudd, or. elsey bed Burghy Janet - vernitted at norman 579-36-7318 wilbut C. Budd, Indian Frad, dd.

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1			STATE OF M	ARYLAND		0 9 1 7
5 . 1	FOR = STATE			AND MENTAL HYGIE	195	2010
6	REGISTRAR DECEASED NAME FIRST		MINER'S C	ERTIFICATE OF DEA	REG. NO	
[M]	DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	A College	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
8 22 25	ROBER		BUI	DWEE	OF ESTI-	1 4 19 83 M
1 SEC. 2	SEX 4. RACE		SE (IN YEARS IF UN	DER 1 YR. IF UNDER 24 HRS.	7c. DATE PRONOUNCED	MONTH DAY YEAR 2d. HOUR 2:2:
N	Male Caucasia	D 12-18-61 2	, morrin	DAYS HOURS MIN.	DEAD	1 4 19 83 AM
5///	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	ED NEVER MARRIED	9. BALTIMORE CITY O	
1/15	South Carolina	U.S.A.	WIDOWI		Prince Geo	rge's County MD.
110	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NUIDSING	HOME, OR OTHE	ER INSTITUTION 12a. US		TITL VINID OF BUILDINESS
17	Cheverly	(IF NOT IN SUCH FACRITY, GIVE STREET ALL Prince George's	Gen. Hosi	pital Ser	vice Stati	or industries.
2/10	SUAL RESIDENCE (IF IN NU)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)			
N	aryland Charl	es Wald	orf	YES NO 13	19 Wilson	Road 20601
7 14	FATHER'S NAME			15. MOTHER'S MAIDEN NAM	E MIDDLE	
301	***	AIDDLE LAST Budwee		Jacquelin		Palica
7 16	g. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL S		17. INFORMANT Fath		/
1	(YES, NO, OR UNKNOWN) (IF YES, GIVE W	213-8	8-2581	Richard M.		ne as line 13
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and				APPROXIMATE INTERVAL
_ ا	PART I DEATH WAS CAUSED			ral trauma		BETWEEN ONSET AND DEATH
S S S	7 8147 IMMEDIATE	DUE TO, OR AS A CONSEQU				
E K H	Canditians, if any, which	4.5				
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYDAND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL.	gave rise to immediate couse (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQU	JENCE OF			
Z.	lying couse lost.	(a)				
MATI	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1 (a)		
S E						
7	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS CONTRIBUTING CAUSE OF DI 210 INJURY OCCURRED WHILE NOT WHILE D	19b. CONDITION FOR WHICH	H OPERATION WA	AS PERFORMED?		2HEABPS ONLY
¥ /	Ĕ					YES X NO
3 3	216 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY	ZIc HO	W INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 P.	
	UNDERLYING OR CONTRIBUTING CAUSE OF D			destrian struc	k by auto.	
ă l	21d. INJURY OCCURRED	71e PLACE OF INJURY (AT F	IOME, 21f. LOC	ATION		
8 2	WHILE NOT WHILE AT WORK	road	R+ "	301 & Billina	CITY OR TOWN	Ldorf.Charles Md.
3	/	af the remains described above, he	Id on Autops	Utally		
001		I couses , Accident .	-			d in my apinion
10	death resulted fram: Noture	Accident [A.]	Suicide,		termined monner,	
×.×	ACTUAL SIGNATURE	AXX		TITLE (SPECIFY) D. <u>Assistant</u> Med		DATE SIGNED 1-4-83
SEE	SIGNATURE		M.I	D. TV22 I 2 I GITT MED	PICAL EXAMINER	SIGNED 1-4-03
SHE STATE	EXAMINER'S NAME Anr	M. Dixon, M.D.	1564	ADDRESS 111 Peni	n St., Balto	o., Md. 21201
F 8 73	BURIAL, CREMATION, REMOVAL 23		OF CEMETERY OR	CREMATORY 123d LC	OCATION	
	(SPECIFY)		Cremato	CITY	sh. D.C.	Wash. D.C.
	I. FUNERAL DIRECTOR		-2511000		REGISTRAR 256 REGIS	
5))	untt Funeral H	lome Waldorf.	Marylar	nd land	01983 200	2. Capiel
82			y 2 di	JAN 1	A 1200 1 900	The state of the s

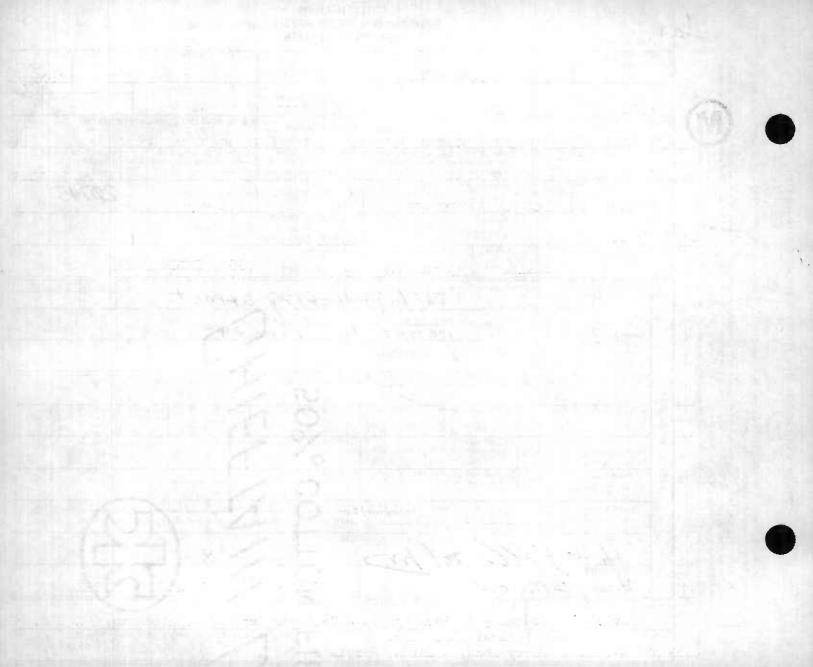
AS THE SECOND AND AND ADDRESS OF THE PARTY O .u enilos Pfun . His . batter materna . iniversit 9 1315 Lilenn Road 2061 1 Tehern II. Summer Jaconstine in Palice STORAGE SE SONS STORES NEEDS NEEDS NOON SELECTION OF THE COMMENT OF THE COMMENTS OF THE COMMEN AND AND THE RESTRICT OF THE PARTY OF THE PAR winter orders and same same

OTHO P. BUNTING OF ESTI-DEATH MATED DAY PEAR 1,883 3. SEX 4. RACE MAIL DAY YEAR 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2. DATE MONTH DAY YEAR 3. HOURS MIN DAYS		L DECEASED	AME FIRST	MIDDI		R'S CERTIFIC	CATE OF DEA	20. DATE KNOWN		DAY YEAR	2b HOU
Manage M	JRS ET,	(TYPE OR PRINT)	ОТНО	P.	>	BUNTING		OF ESTI-	0	1983	
The BRITHPLACE CHAINS The CHIZEN OF WHAT COUNTRY? WINDERSON NEVER MARRIED NEVER MARRIED Prince George 's make the control of the Country of Death NAME OF HOSPITAL NURSING HOME OF LOTER INSTITUTION THE MARKED DIVORCED THE MARKED PRINCE GEORGE 'S MAN AND THE MARKED DIVORCED THE MARKED THE M	1			5. DATE OF BIRTH MONTH DAY 2-25-04	AR LAST BIRTHDAY)			2c. DATE PRONOUNCED DGA	MONTH 1-4	DAY YEAR	6 15
USA WIDOWED DNORCED Prince George's MEDICAL COUNTY THE NUMBER OF BUSINESS	ツ			76. CITIZEN OF WHAT CO		MARRIED NE	VER MARRIED \(\bigcap \)	9. BALTIMORE CITY	Y OR COUNTY		74
Clinton So. Waryland Hospital Account ant USUAL RESIDENCE (# IN-MURISH DIPM OF OTHER PROPERTY OF TOWN) Arthur	3	Virg	inia		V	VIDOWED -	DIVORCED				MD
134 HISBE CHI NUIS 135 ATTEMPORES 135 ATTEMPORES 136 ATTEMPORES	ğ	Clint	on	So. Marylar	nd Hospita	1	FOR	MOST OF WORKING LIFE)	TYPE OF WORK 12h	OR INDUST	ISINESS RY
Test Course Edward Bunting Mary Elizabeth Mason		3a STATE _	13h COU	Anne Arundel	CITY OR TOWN	13d INSIDE C			ders La	20 ane	774
New Socressed Ever In U.S. Armed Forces? 18th Social Security No. 17 INFORMANT Same ADDRES Above 20776 18th Social Security No. 17 INFORMANT Same ADDRES Above 20776 18th Social Security No. 17 INFORMANT Same ADDRES Above 20776 18th Social Security No. 17 INFORMANT Same ADDRES Above 20776 218 52 1054 Evelyn M. Bunting, Wife 2	I				LAST	15. MOTH		E MIDDLE		LAST	
Yes Same as Above 2016 18 218 2054 205	4										
PART I DE ATH WAS CAUSED BY: ATTEMPORATE AND DEATH AND DE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove is to immediate couse (a) storing the under lying couse lost. THE Z OTHER SIGNHFLANT CONDITION FOR AS A CONSEQUENCE OF LYING COUSE (a) THE SIGNHFLANT CONDITION FOR WHICH OPERATION WAS PERFORMED? 18 DATE OF OPERATION 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR UNDERLYING OR AND MAN MONTH DAY YEAR 210. I EXTERNAL CAUSE OF DEATH PAN 19 214 INJURY OCCURRED WHILE NOT WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 215 STREET, FACTORY, FARM, ETC. 216 L'OCATION STREET CITYOR TOWN COUNTY STATE TITLE (SPECIETY) MEDICAL EXAMINER'S NAME AUGUSTO P. ROWIGLE J. N.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. Trinity Eps. Ch. Cem TOTHER WAS COUNTY MCI. STATE Trinity Eps. Ch. Cem Deputy Medical COUNTY MCI. STATE TO COUNTY STATE Trinity Eps. Ch. Cem TUPPE MATEDORY, MCI. MCI. TO COUNTY STATE TO NOTION COUNTY MCI. TO NOTION MCI. TO NOTION COUNTY MCI. TO NOTION COUNTY MCI. TO NOTION MCI. TO		IVES NO ORI	(IF YES, GIVI	RMED FORCES? E WAR OR DATES)		7					
UNDERLYING OR CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram: Natural cause 1 Assident N. Suicide N. Hamicide N. Undetermined manner N. ACTUAL SIGNATURE AUGUSTO P. ROUGHEZ, M.D. Deputy MEDICAL EXAMINER SIGNED EXAMINER'S NAME AUGUSTO P. ROUGHEZ, M.D. ADDRESS EXAMINER'S NAME AUGUSTO P. ROUGHEZ, M.D. ADDRESS 23a. BURIAL, CREMATION, REMOVAL [23b. DATE 1-6-83] 13a. BURIAL, CREMATION, REMOVAL [23b. DATE 1-6-83] Trinity Eps. Ch. Cem Upper Marlboro, Md.		gav cau lyin	e rise to immediate se (a) stating the <u>under</u> g cause last.	(b)	CONSEQUENCE OF						
UNDERLYING OR COUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram: Natural cause Accident Signature Accident Signature EXAMINER'S NAME Augusto P. Roman M.D. Deputy M.D. Deputy MEDICAL EXAMINER 23d. EXAMINER'S NAME Augusto P. Roman M.D. Address 23d. BURIAL, CREMATION, REMOVAL [23b. DATE 1-6-83] 13d. EXAMINER OF CEMETERY OR CREMATORY Burial 1-6-83 Trinity Eps. Ch. Cem Upper Marlboro, Md.					ELECTRIC SE						
AT WORK 22a.	100				ELECTRIC SE						
23a. BURINAL CREMATION, REMOVAL 23b. DATE 123c. NAME OF CEMETERY OR CREMATORY Burial 1-6-83 Trinity Eps. Ch. Cem Upper Marlboro, Md.		190. DAT	E OF OPERATION ERNAL CAUSE WAS YING OR BUTING CAUSE OF	19b. CONDITION F 21b. TIME OF INJU HOUR A.M. MOI	FOR WHICH OPERAT RY NTH DAY YEAR 19	ION WAS PERFOR	MED?	R NATURE OF INJURY IN ITEM		YES 🗌	
236. Burial CREMATION, REMOVAL 23b. Date 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN Upper Marlboro, Md.	N 100	190. DAT	E OF OPERATION ERNAL CAUSE WAS YING OR BUTING CAUSE OF JRY OCCURRED	19b. CONDITION F 21b. TIME OF INJU HOUR A.M. MOI DEATH P.M. 21e. PLACE OF INJ	FOR WHICH OPERAT RY NTH DAY YEAR 19 JURY (ATHOME,	100 WAS PERFOR 21c HOW INJURY 21f LOCATION	MED?	CITY OR TOWN	16 PART 1 OR PART 2	YES	иож
	23	WEDICAL CRAIN AND ALL SIGNAL SIGNAL STANDING TO A STANDING	ERNAL CAUSE WAS YING OR BUTING CAUSE OF JRY OCCURRED AT WORK certify that I took char esulted from: Nate URE	21b TIME OF INJUMOUR A.M. MOI P.M. 21e PLACE OF INJUSTREET, FACTORY, FACTORY, FACTORY ACTION OF THE PLACE OF INJUSTREET, FACTORY, FACTORY, FACTORY ACTION OF THE PLACE OF THE	RY NTH DAY YEAR 19 JURY (ATHOME, ARM, ETC.) d obove, held an dent, Suicite Leftle	21c HOW INJURY 21f LOCATION STREET Autopsy , de , Hamin TITLE (S	Inspection Indespective Under	Inquiry , , etermined manner	COUNT and in my apini	YES	NO X
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THE RESIDENCE OF THE PERSON AS A SECOND SECO

10	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0	2 3	1 5
		CEASED NAME FIRS	t	WIDDLE	· ·	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
	11111		RGIA OZEL	LAR BURKS			31 JANI	IARY 198	83	3:06 p
	3. SE		4. RACE		5. DATE C		6. AGE IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	FE	MALE	BLACK		Apr		42	YRS.	UAT DATE	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	FDEATH	
30		RYLAND	UNITED	STATES	WIDOWE		PRINCE GEOR	GES		MD
10		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
2	AN	DREWS AFB				DICAL CENTER	PRESSER	ir ii diidii di cii ci		LAUNDRY
27	USU.	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	ADMISSION)	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS		2012	15
0	MA		NCE GEORG			YES NO	2703 TUCKE	R ROAD	201	
	14. F/	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAS	
00	JO	HN T. WARNE		1701		EDITH WARNER			[A3	
1	16a V	VAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS		
	NO	(IF Y	ES, GIVE WAR OR DATES)	215-36-4	042	WANTON BURKS	2703 WASHIN	EROROAL	30	
	NOI	Canditians, if any, whice gave rise to immediate cause (a), stating the underlying cause loss PART 2. OTHER SIGNIFICATION CAUSE.	DUE TO, C	ME ta DR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 110	2
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IF YES	NG CAUSES	GS USED OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	TI GRPART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE, I	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	X	22a. I certify that (I) (this saw the deceased ali above, (I) (we) (did) d	ve an 01/31/	83 19	, ar	nd that in (my) (aur) apinian DEGREE		ate and haur a		
1	X	22d. PHYSICIAN'S NAME	. /	rell	VE	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA	CIAN [
	22-	HALARY JELIEN			JAME OF C	MALCOLM C	GROW USAF ME	DICAL C	CENTER	
		SPECIFY) Burial	February	4, 1983 1	Maryla	nd Veterans	Cemetery Che			
		INERAL DIRECTOR Le					TE REC'D. BY REGISTRAN	Sh. REGISTRA	g. Coh	ure



FOR

REGISTRAR

- STATE

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NUYSING Home Gen. Del LAST ADDRESS Dorothy D. Burroughs same as 13e PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF -23 PHYSICIAN DIRECTOR PHYSICIAN All Faith Cemetery Charlotte Hall St. Marys Burial Jan 261983 W. Clarke Mattingley Leonardtown, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Jan. 22, 1983

17b. KIND OF BUSINESS

DHMH - 16 50M 1/BI (VRA 15, 4)

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4339 HUNT PLACE, N. E.

FOR

(VRA 15, 4)

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9	1-	FOR STATE			DEPARTMENT OF		MENTAL HYGIE	12	0 2	31	8
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PREASON FILES	3. SE	ale	4. RACE White	5 DATE OF BIRTH MONTH CAY March 29	YEAR LAST BIRTHDA	RS IF UNDER 1 YR	HOURS MIN			DAY WEAR	2d HOUR
(M)7	P	IRTHPLACE (CONTRY) ennsylv	vania	U.S.A.		WIDOWED -	NEVER MARRIED DIVORCED	Prince	George's	County	MD
A STATE OF THE STA	C	heverly	7	Prince	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) George's Get	eral Hos	FO	SUAL OCCUPATION R MOST OF WORKING LIFE etired Pl	umber Co	or industry	1
F ANY D RETAIN RECORD	13o M	aryland	13b. COU		VE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Riverdale	13d. INSIO		17 56th.	ip Code -	- 20737 hpt=102	
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BALTIMORE JRS AFTER DEA GIVE PAGES I AN DIVISION OF	N	(ES, NO, OR UNKNI	OWN) (IF YES, GI	ve war or dates)	201-07-478		derick R.	Ritter B	ullhead (Z•
ECORDS, 201 W. PRESTON ST PBE EXECUTED WITHIN 24 HO NUMBER IN PEROLL IN TEM I REDICAL EXAMINER ALONS AS A BURIAL, TRANSIT PERMI ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	Z	gave r cause (a lying ca		te (b) DUE TO, OR	AS A CONSEQUENCE C		TION GIVEN IN PART 1 (a).	<i>O</i>			
OULD "PED "PED "PED "PED "PED "PED "PED "PE	CERTIFICATION	19a DATE O	FOPERATION	196 CONDI	TION FOR WHICH OPER	ATION WAS PERFO	DRMED?			20 AUTOPSY?	NO 🌋
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, d		8 CAUSE O	F DEATH (Enter onl	y ane cause per li	for (0), (b), or	nd (c).)		1-1-				APPROXIM:	ATE INTERVAL SET AND DEATH
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FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VIORE YOU BE USED AS A BURIAL - TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition	s, if any, which	DUETO, O	R AS A CONSE	OUENCE OF						III A	
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5	MEDICAL	ONTRIBUTION	G CAUSE OF D			19							
	MED	Id. INJURY C			OF INJURY (, CTORY, FARM, ETC.)	AT HOME,	If LOCATION STREET		CITY	OR TOWN	COL	UNTY	STATE
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QN.		22a. 1 certif	y that I took charge		escribed obove,	held on	Autapsy	Inspection	In.	quiry X,	and in my op	inion	
EX.		death resulte	d from Notur	ol causes X.	Accident	, Suicid		micide	Undetermin	ed manner			
TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		CTUAL	Hugust	XX	100000			(SPECIFY)			DATE	1/18/	1002
ORE, ORE		IGNATURE Z	1 July 18 C	1 - 1 - 1	1					EXAMINER	SIGNE		
SE SE SE	E	XAMINER'S I	NAME Augus	sto P. Ro	griguez	, M.D.	ADDRESS	5009 R	ayburn	Ct., C	amp Sp:	rings,	Md.
BA —	23a, BUF		ION, REMOVAL 23		23c. NAA	AE OF CEMET	ERY OR CREMA		23d. LOCAT		COUN		STATE
	F	BUTTAL		1-21-5	13 St.	Igun	tius 1	Cemeter	OXOM	H.11	P.G		Nd.
17		NERAL DIREC	TOR	ADDRES	is a		0	25a. DATE R	2419	STRAR OF R	EGISTRAR'S S	GNATURE	1
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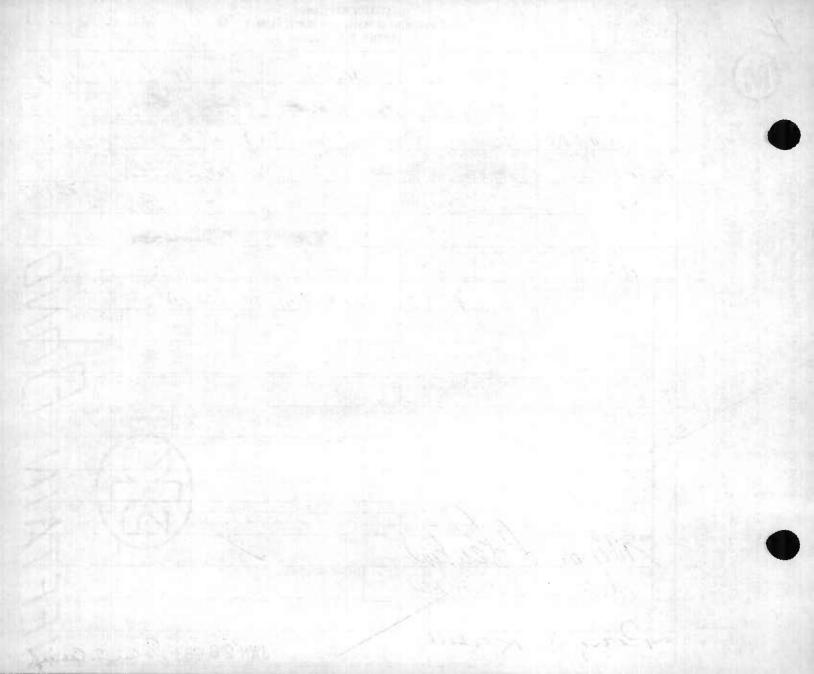
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 7s. DATE OF DEATH (TYPE OR PRINT) Ellen 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS III 1880 BIRTHPLACE 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKIN INDUSTRY lanor Care Hurs. Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INST 13a. STATE Prince Geo. 13d INSIDE CITY LIMITS? 13e STREET APPRESS YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Harshman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214-10-3700 John E. Frederick, Maryland CAUSE OF DEATH JETHIN only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARRESTAILE IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate ciouse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED. 70s. AUTOPSYT 266. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES IT NO IT 31s. ACCIDENT WAS UNDERLYING. IT 21b. TIME OF INJURY THE HOW INJURY OCCURRED. (INTERNATION OF HOURS IN THE 18, PART SIDEPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING THE CAUSE OF DEATH LETTHER, NOTEY MEDIC ALEXANIMERS PM 10 THE INJURY OCCURRED TIE PLACE OF INJURY TH LOCATION COUNTY CITY DE TOWN MARK AT HOME, STREET, FACTORS, OFFICE, FARM, 510.1 NOT WHILE 22x1 certify that (1) (this haspital) attended the decrayed from... tow the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sibove; (I) (we) (did) (did not) view, he bo DEGREE 27L DATE SIGNED PHYSICIAN TORRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LIVE OF PRINTS 72* ADDRESS 94 PORT 236 BURIAL, EREMATION, REMOVAL 73b. DATE 73r. NAME OF CEMETERY OR CREMATORY 734 LOCATION (SPECIFY) Grossnickles Brethren Myersville Frederick 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81

Myersville, Md. 21773

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4.5		FOR	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENE O O	2 3 2 3
7	L	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
VI)		ECEASED NAME FIRST		LAST	20. DATE OF DEATH MONTH D	2b HOUR 10:00p
0	3. SE	Hele	A A	CATALANO Is. DATE OF BIRTH	January 17 198	TUNDER I YEAR IF UNDER 24 HRS
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100 m	Wa	ishington D.C.		? 8. MARRIED □ NEVER MARRIED □ WIDOWED ▼ DIVORCED □	Prince George's	
S. S.		anham	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION IT ADDRESS) Lal of Pr. Geo. Co.	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126, KIND OF BUSINESS OF
3	13a.	STATE 1136 C	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFO OUNTY 13t. CITY OR TO Pince Geo. Bladens	RE ADMISSION) WN 1134 INSIDECITY LIMITS?	3907 52nd Street	et 29710
L Coming	14. F/	ATHER'S NAME Herman	MIDDLE Heil LAST	15. MOTHER'S MAIDEN NA Ludwinia	MIDDLE	ainer LAST
medical	160 \	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? S. GIVE WAR OR DATES) 16b. SOCIAL SEC		ADSOLI Fin	rst Street Maryland 2070
afic event,		PART I. DEATH WAS CA	DIATE CAUSE (0) Kespir	atory ARRES	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		10	DUE TO, OR AS A CONSEQU		M. 7 7- 410	
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njury, ar other traum	NO	gave rise to immediate cause (a), stating the underlying cause lost	(b) CARCI DUE TO, ORAS A CONSEQUE (c) A T	NOMA Lung -	LEFT LUNG	N IN PART 110
naws any injury, ar other traum	TIFICATION	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, ORAS A CONSEQUENCE OF ATT	NOMA Lung -	LEPT LUNG WINAL DISEASE OR CONDITION GIVE	WERE FINDINGS USED (ING CAUSES OF DEATH?
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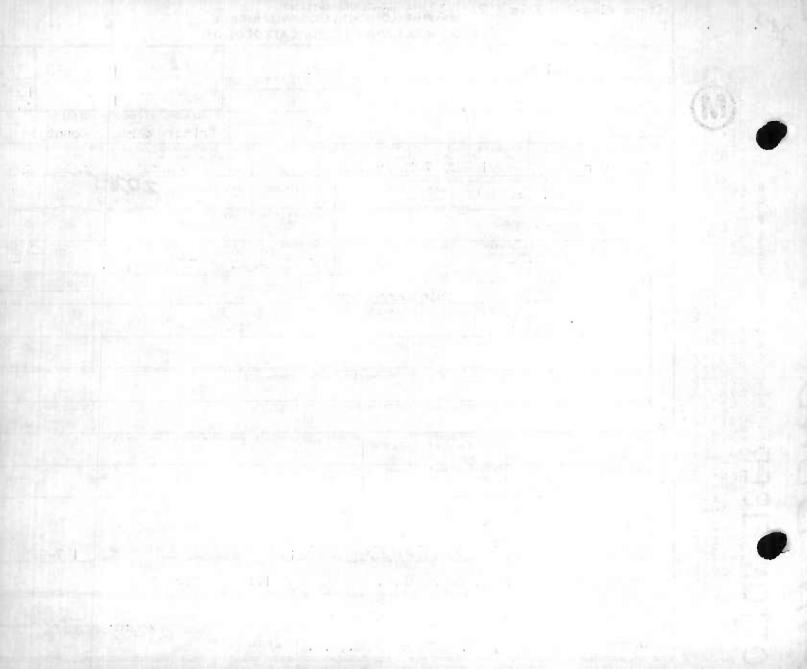
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3 St	EX	4. RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN YEARS	IF UNDER 1 YR.		RONOUNCED	MONTH		12:48
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		CHARLES B		LAST	FI	r's maiden name GEORGIA P.			LAST	
160.	WAS DECEASE (YES, NO, OR UNKNO NO	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	577 76 8683	GEORG	AANT[MOTHER LIA PINNIX	J ADDR / LANDOI	VER, MD		JAND PK
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STATE OF MARYLAND

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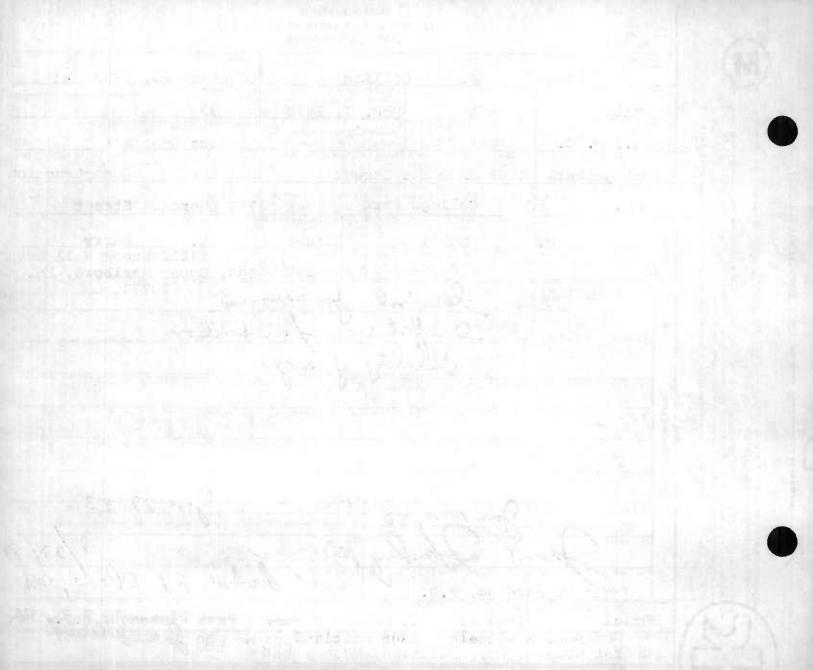
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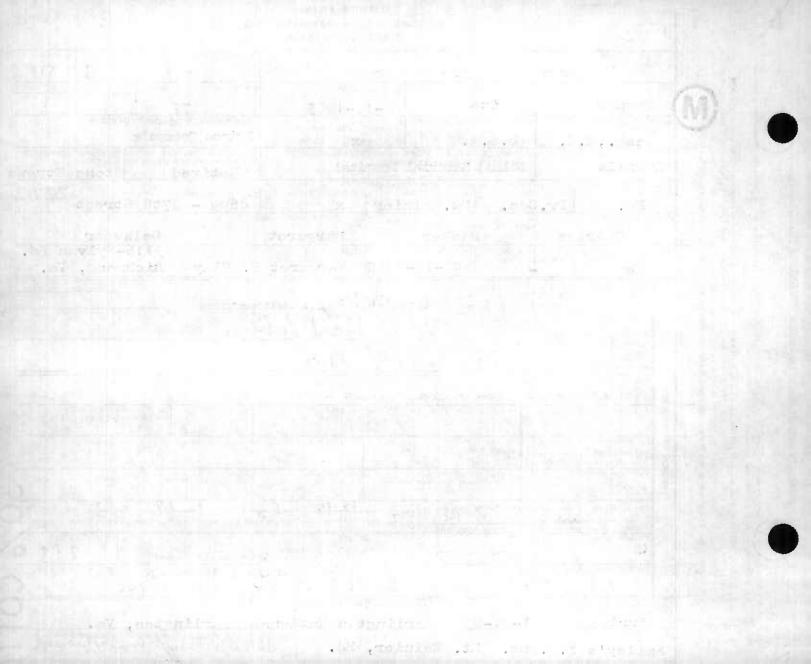
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126. KIND OF BUSINESS OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated 22c. DAJE SIGNED PHYSICIAN DIRECTOR PHYSICIAN DHMH - 16 50M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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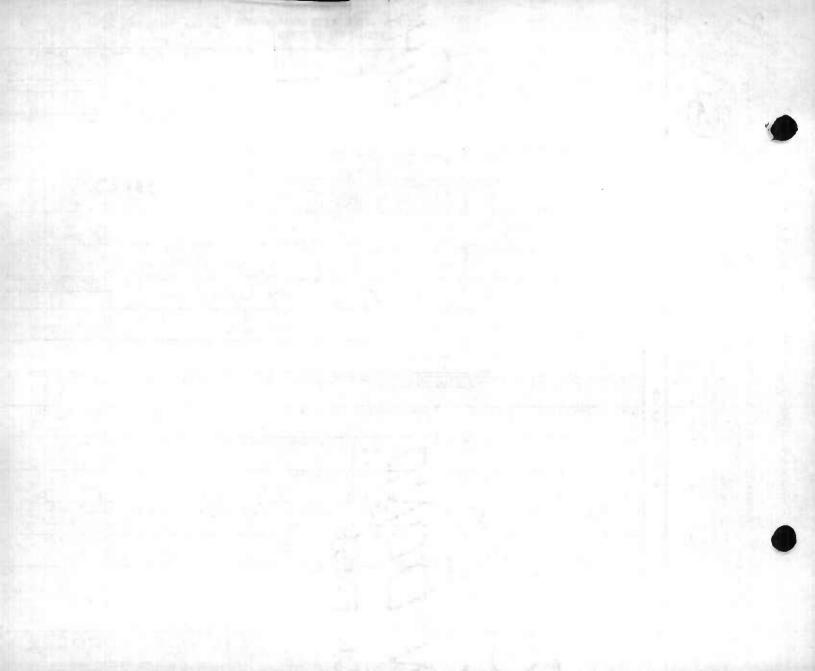
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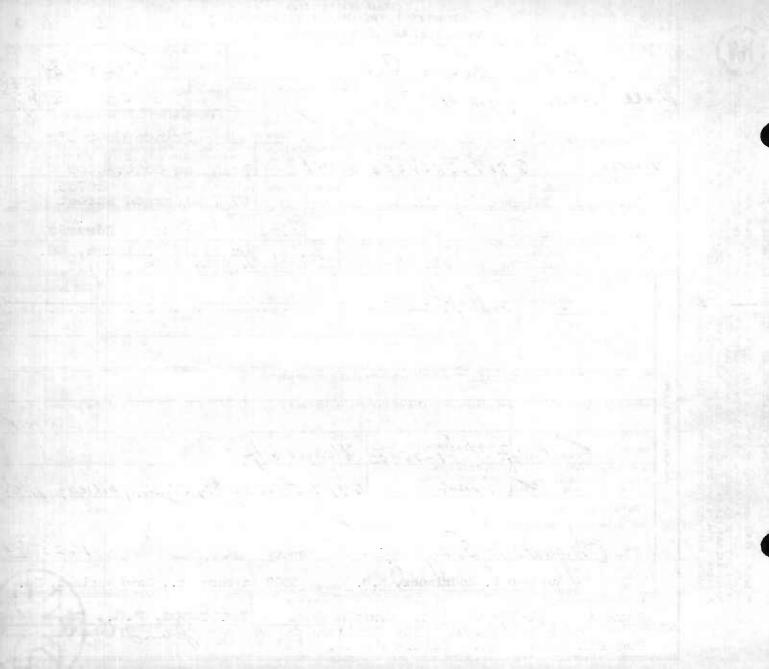
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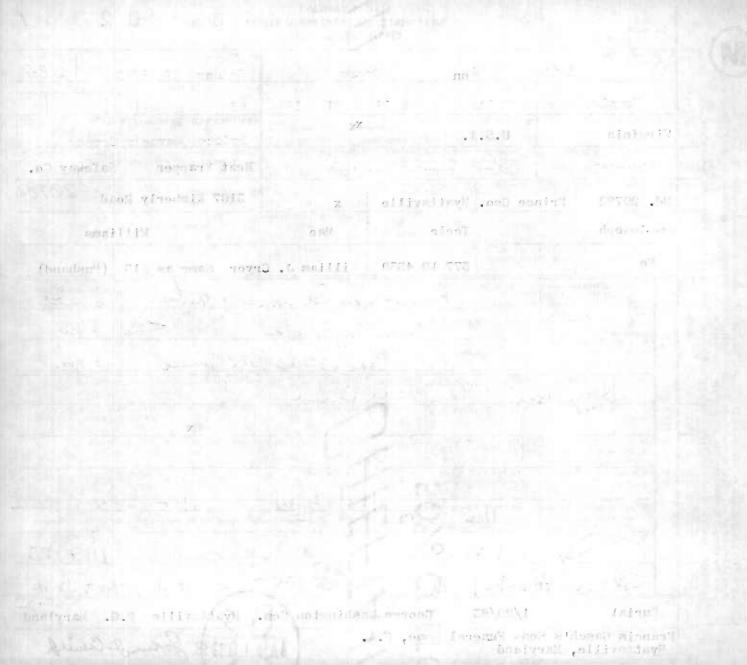
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AY	OUSEGER	(Linkin			CHITH GIVE STREET ADDRESS		hiel		OF WORKING LIFE)		OR INDUSTRY	
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21201 ANY	RETAIN HOULD B	13a S	TATE	13b. COUN	TY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?				0735	
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₹ ±.	INTERA S	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL		Alice	- 7	LAST	
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BALTIMORE,	WITH B		Yes	Rese	erve	213-46-	6925	Claudia	L. Co	x, Wife	20	735	
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5	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	23a B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCAT	- KON	COUNTY	STAT	E
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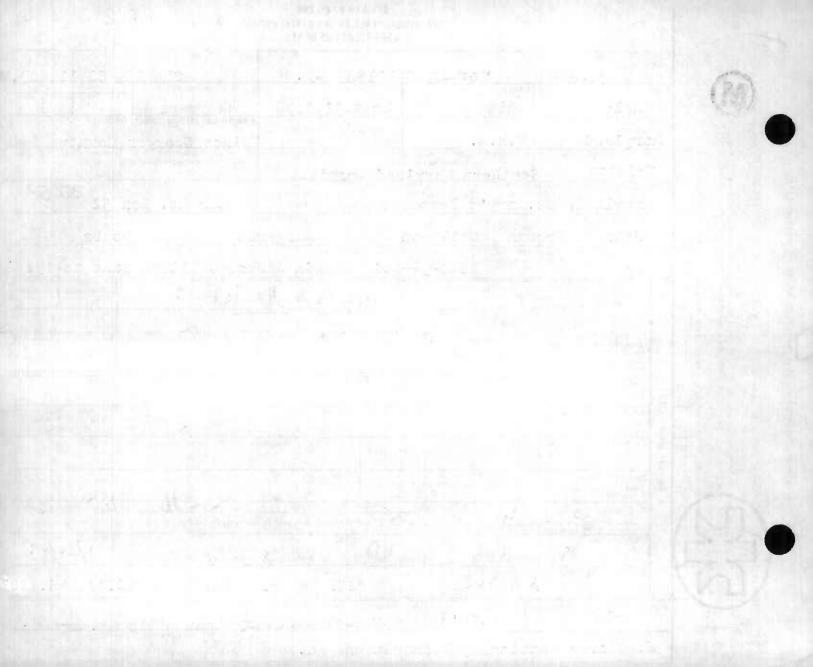


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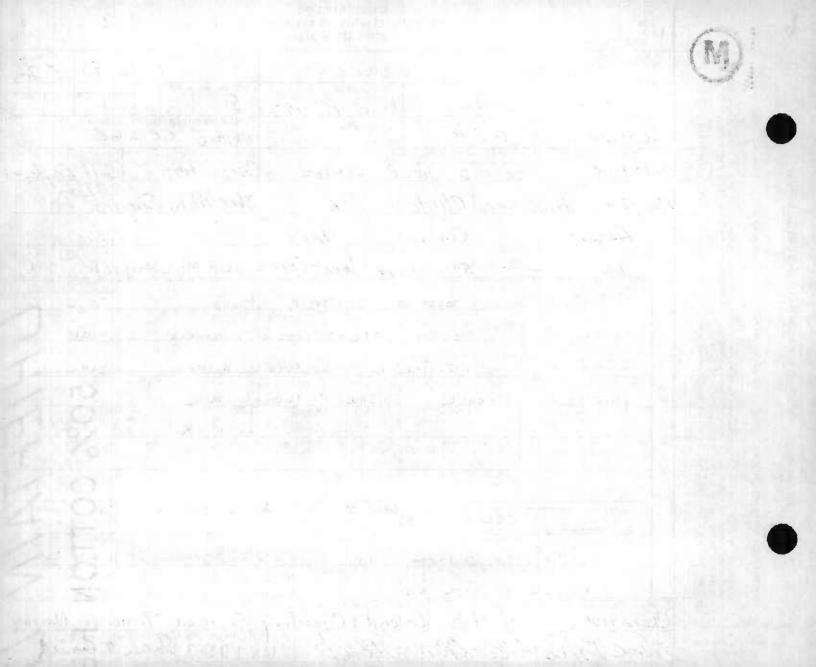
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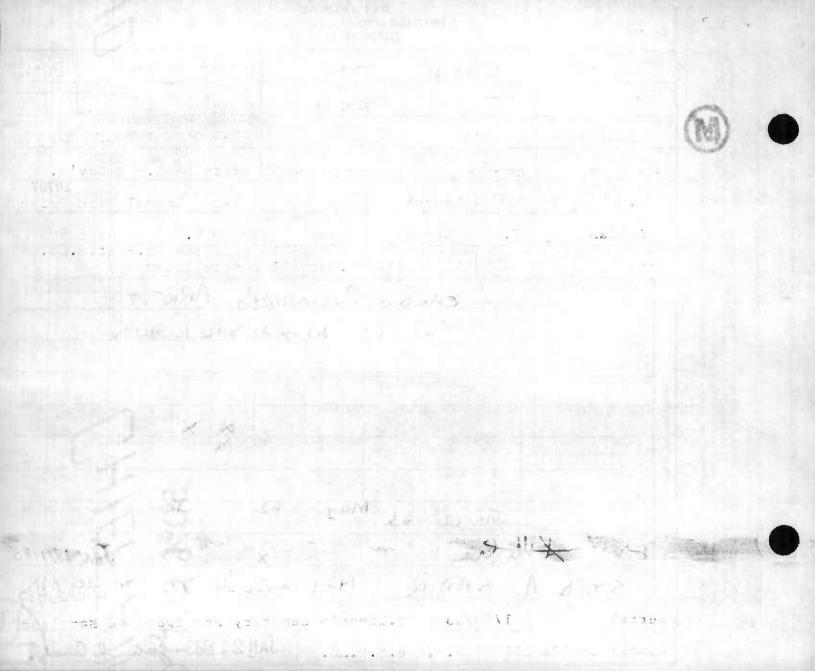
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



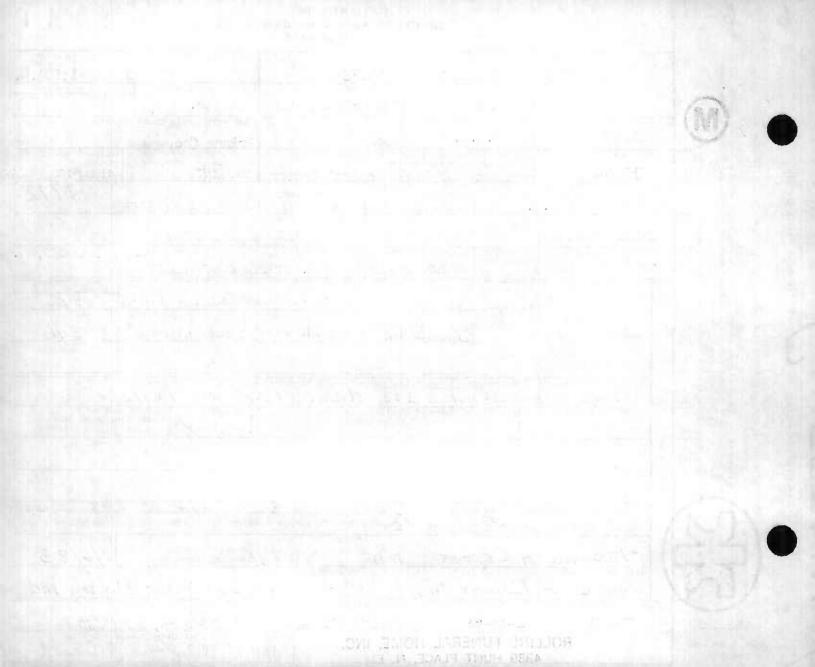
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in and co		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV	RMED FORCES? 166. SOCIAL S VE WAR OR DATES)	4	UET COMIN	addre 2. 8600 Mik		Dr. Clinton
retrificate Ing physicic bonpopers removal.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b ED BY: ITE CAUSE (a)		clonuic ·	stroko		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
the death the attends the attends to the attends of		Conditions, if only, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	e arterio	« diros:-s	, 50000		rons
uires that isigned by the please in please or buriol, creamy, or other		PART 2 OTHER SIGNIFICANT (1	encive co		MAL DISEASE OR CONT	- Com-	ART I/O
os been soemit. The preprior to	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATION WAS		200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CO	FINDINGS USED AUSES OF DEATH?
SICIAN: The ng physician certificate hard-transit pental Hygier lem 18 shared		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP		DAY YEAR		RED (ENTER NATURE OF INJUR		
or ottendir After this e as the bu alth and M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	CHY OR TO	vn cou	NTY STATE
TEN TOR: of He		22a. I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no				deoth occurred on the do	te and haur and fre	
AL OR AT of the hospital AL DIRECT of detached for the most of the		22b. SIGNATU E	M Down	DEGREE N. D	ATTENDING	MEDICAL STAF	F _	HIG 83
TO HOSPITAL TO FUNERAL should be dete with the Store		224. PHYSICIAN'S NAME TO PETER		22e. A	DDRESS 2900	old Branch	-0-	te 101
BP	100	BURIAL, CREMATION, REMOVAL		231 NAME OF CEMETER Codon Hill (RY OR CREMATORY	Sui Hand	. Pr. Geor	A A STATE A
DHMH - 16 50M 4/B2	"	PARAL DIRECTOR	6/61-200	TALIPON.	25a. DAT	REC'D. BY REGISTRAR	REGISTRAR'S S	



	1.	FOR STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 3	0	2 3	40
m =		CEASED NAME FIRST		MIDDLE		AST TDD37	20. DATE OF DEATH			HOUR
62 62	3. SE:	VIOLA × FEMALE	4. RACE WHITE	abeth	5. DATE C		JANUARY 18		DER I YEAR IF U	O:34 _M
6		IRTHPLACE (STATE OR FOREIGN			0	7-07-01	81	YRS.		
M)	l '	Missouri	US		WIDOWE		PRINCE GEOR	-) . MD.
184		AUREL, MD.	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	SVILLE HOSP.	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF State De	WORKING LIFE) IN	Gov t	
ed sign be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	aurel	2 Park I	0707 Prive
Sommue S		ATHER'S NAME William	MIDDLE .	Egger	t	13. MOTHER'S MAIDEN NA Anna	MIDDLE C.		Hanser	15000
medicol	16a. V	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G		166. SOCIAL SECU 215 38		W.Carroll				ld.
elease remove rial, crematian ar other traur		Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last.	(c)	AS A CONSEQUE			trdiac 10	H-FHKCTION		
e prior to bur	FICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WEIN CERTIFYING	RE FINDINGS	
2 Shows	CERTIFIC	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	19b. CONDITE	TION FOR WHICH FINJURY M. MONTH DA	OPERATION		200 AUTOPSY?	206. IF YES, WEIN CERTIFYING YES	RE FINDINGS CAUSES OF L	
shows	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE LEXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	19b. CONDI 19b. TIME OF HOUR A.A P.A 21e. PLACE OF	FINJURY M. MONTH DA	OPERATION Y YEAR	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES TO YES TO YER 18. PART 1 C	RE FINDINGS CAUSES OF L	EATH?
certificate has riad-transit per ental Hygiene them 18 shows		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this has saw the deceased alive a obove. (I) (we) (did) (did?	21b. TIME OI HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRI	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FJ e deceased from	Y YEAR 19 ARM ETC)	216. HOW INJURY OCCUR 216 LOCATION STREET 4 that in (my) (aur) opinion	200 AUTOPSY? YES NO X RED (ENTENDATURE OF INJUR CITY OR TO	20b. IF YES, WE IN CERTIFYING YES YIN ITEM 18. PART 1 C	RE FINDINGS CAUSES OF E NO DR PART 7) OUNTY fram the cause	STATE STATE (1) (we) last ss stoted
. DIRECTOR: After this certificate has tracked for use as the burial-transit per EDept. of Health and Mental Hygiene If Hem 21 is marked ar Hem 18 shows		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICALEXAMIN 210. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this has saw the decased alive a obove, (I) (we) (did) (did) 220. SIGNATURE	21b. TIME OI HOUR A.P. 21c. PLACE C (AT HOME, STRI	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FJ e deceased from	Y YEAR 19 ARM ETC)	216. HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET A that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO X RED (ENTENDATURE OF INJUR CITY OR TO	20b. IF YES, WE IN CERTIFYING YES TO	RE FINDINGS CAUSES OF E NO OR PART 7) OUNTY 4 3 , that fram the cause 22 c. DATE SIGN	STATE STATE (1) (we) last ss stoted
d be detached for use as the burial-transit per the State Dept. of Health and Mental Hygiene RTANT: If Nem 21 is marked or Item 18 shows	MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this has saw the deceased alive a obove. (I) (we) (did) (did) 220. SIGNATURE 220. PHYSICIAN'S NAME (TYPE)	21b. TIME OI HOUR A.M. 21c. PLACE C (AT HOME. STRI) OR PRINT) OR PRINT)	FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE, FJ after death.	Y YEAR 19 ARM ETC)	216. HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 S d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS	ZOO AUTOPSY? YES NO X RED (ENTENDATURE OF INJUR CITY OR TOV death accurred an the do MEDICAL PHYSIC	20b. IF YES, WE IN CERTIFYING YES TO	RE FINDINGS CAUSES OF E NO OR PART 7) OUNTY 4 3 , that fram the cause 22 c. DATE SIGN	STATE (1) (we) last is stoted
DIRECTOR. After this certificate has sched for use as the burial-transit per Dept. of Health and Mental Hygiene if Hem 21 is marked or Hem 18 shows	WEDICAL MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICALEXAMIN 210. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this has saw the decased alive a obove, (I) (we) (did) (did) 220. SIGNATURE	21b. TIME OI HOUR A.M. 21c. PLACE C (AT HOME. STRI) OR PRINT) OR PRINT)	FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE, FJ after death. AD 123 236 N	Y YEAR 19 ARM ETC)	216. HOW INJURY OCCUR 216. LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 S d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 220, ADDRESS 120 LAW EMETERY OR CREMATORY ncoln Cemet	200 AUTOPSY? YES NO X RED (ENTENDATURE OF INJUR CITY OR TOW CITY OR TOW A MEDICAL STAF DIRECTOR PHYSIC PARK 234 LOCATION CITY OR TOWN	206. IF YES, WE IN CERTIFYING YES TO	RE FINDINGS CAUSES OF E NO PART 2) OUNTY STANDARD TO THE COUNTY TO THE COUNTY THE COUN	STATE (1) (we) last resistored lied as stored lied



b	6	STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S 3 0 2 3 4 1 CERTIFICATE OF DEATH REG. NO.
		DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	96	WILLIAM MATTHEWS CURTIS 01 06 83 2:50A.M.
E	0.0	SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
A 100	(AAA)	MALE BLACK NOVEMBER 15,1916 66 YRS. YRS. NOVEMBER 15,1916 66 YRS.
	THE STATE OF THE S	MARYLAND 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WINDOWED DIVORCED Prince Goerges MD
,		0. CITY OR TOWN QF DEATH Clinton 11. NAME QF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AIR FORCE BA
LAND 21201	illed in must be	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE GEFORE ADMISSION) 130. STATE MARYLAND 136. CITY OR TOWN 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 139. STREET ADDRESS 5507 VALLEY LANE
ARY		4. FATHER'S NAME #IS MOTHER'S MAIDEN NAME FIRST #IDDLE LAST #IDDLE #IDDLE LAST #IDDLE
BALTIMORE, M.	Pages 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS UPPER MARLBORO, MD YES NO OR UNKNOWN) UF YES GIVE WAR OR DATES) WW11 578n09 1074T LAURA L. CURTIS 5507 VALLEY LANE
RECORDS, 201 W. PRESTON ST., I	s been signed by the rimit. Then please rem prior to buriol, cremo s ony injury, or other tr	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) OCCUPE RE Mal Facture annuic Gremix 12 by. Due to, or as a consequence of couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHONIC Obstanctial Lung alislase, respiratery in Fections 190. Date of Operation 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 2110. ACCIDENT WAS UNDERLYING 2110. TIME OF INJURY 2110. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
F VITAL F	physician. ificate harronsit peal Hygiene	OR CONTRIBUTION CONTRIBUTION CALLES OF DEATH HOUR A.M. MONTH DAY YEAR
DIVISION OF VITAL	or offending by After this certif- te as the burial-to alth and Mental morked or Item	OR CONTINENT MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WO
	OR ATTENDING one hospital ar o DIRECTOR: After oched for use as Dept. of Health	22a. I certify that (1) (this hospital) attended the deceased from 19 83, to 15 19 83, that (1) (we) lost sow the deceased alive on 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
A Tida Qu	FUNERAL Sold be det the the State	Maurice A. Capone MD. PHYSICIAN DDIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
1	. 6 ± 2 3 ₹	130 BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23 LOCATION CITY OF TOWN COUNTY STATE
	BP	BURIAL 1-10-83 MARYLAND VETERANS CHELTENHAM, MARYLAND
DH/	MH - 16 50M 4/82 (VRA 15, 4)	H FUNERAL DIRECTOR ROLLINS FUNERAL DIRECTOR INC. 4339 HUNT PLACE, N. F. 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE JAN 121983 John J. Caluel



medicol exgr

UMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar ather traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. NO.	2
	T. DECEASED NAME FIRST (TYPE OR PRINT) Madge	I. Dal	nlinger	26. DATE OF DEATH MONTH 01-15-8	33 25 HOUR 1:32am
	3. SEX Female	4.RACE White	5. DATE OF BIRTH MONTH DAY 08-20-01	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
3	10. CITY OR TOWN OF DEATH Riverdale, Md.	(IF NOT IN SUCH FACILITY, GIVE STREET Leland Memoria	al Hospital	Prince George 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII	12b. KIND OF BUSINESS OR
3	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Maryland P. G	NTY 13t. CITY OR TO	ville YES TK NO	2307 Amherst Rd	20783
1	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI UNKNOWN)	RMED FORCES? 16b. SOCIAL SEC 178-03-		ADDRESS	
		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	erminal disease or condition Giv	EN IN PART 1(a)
1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
>	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	AIH	DAY YEAR	CITY OF TOWN	
	220.1 certify that (I) (this hasp	oital) attended the deceased from not view see body after death.	, 19	ion death accurred on the date and hou	19, that (I) (we) last or and from the causes stated
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	1/15/83	NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION CITY OR TOWN	COUNTY STATE

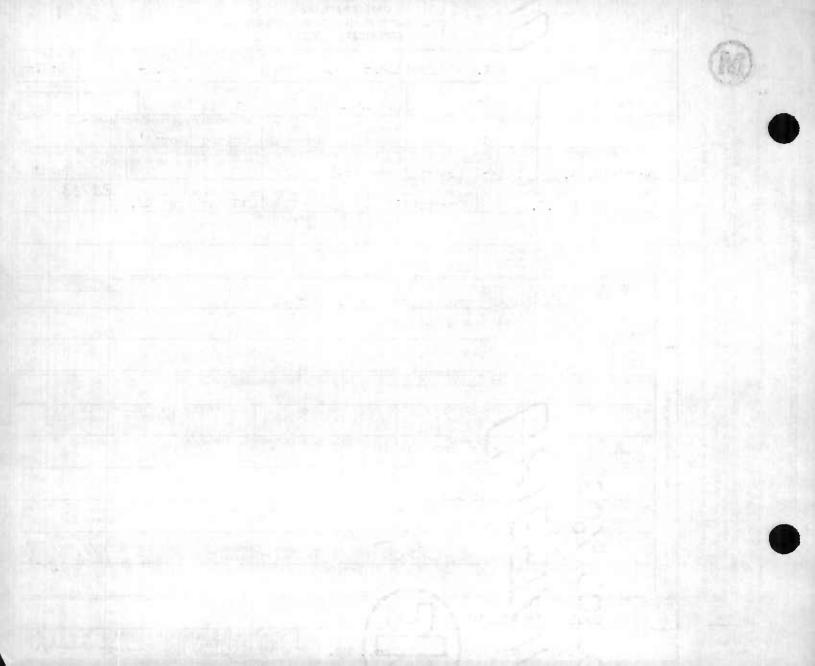
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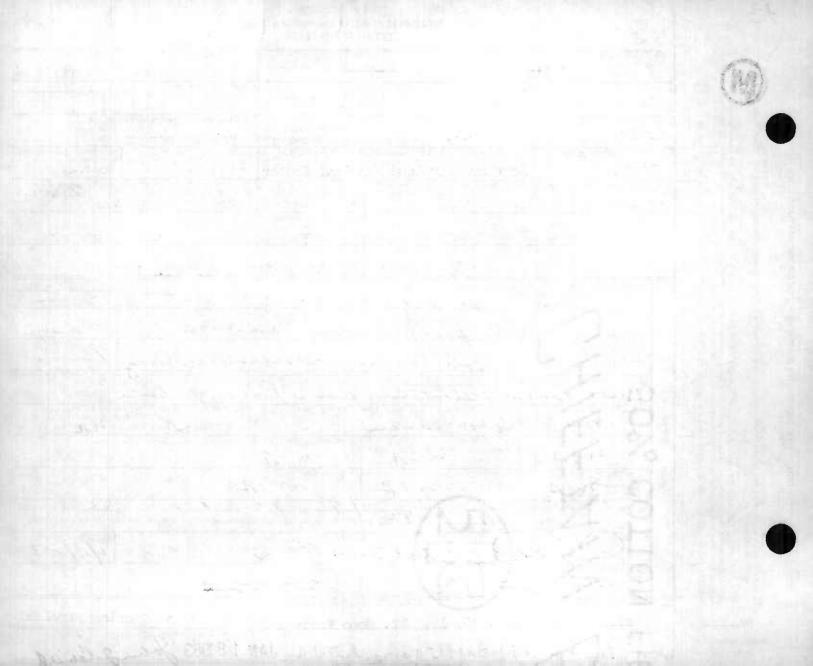
BP.

24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OF THE STATE OF THE STATE





- STATE

REGISTRAR DECEASED NAME

Railroad 806 8th Street 20707 Molesworth Jandy Ave 705-05-5391 William S.Davis Laurel, Md. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and Iram the causes stated 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 FLECK FUNERAL HOME INC (VRA 15. 4) Laure1

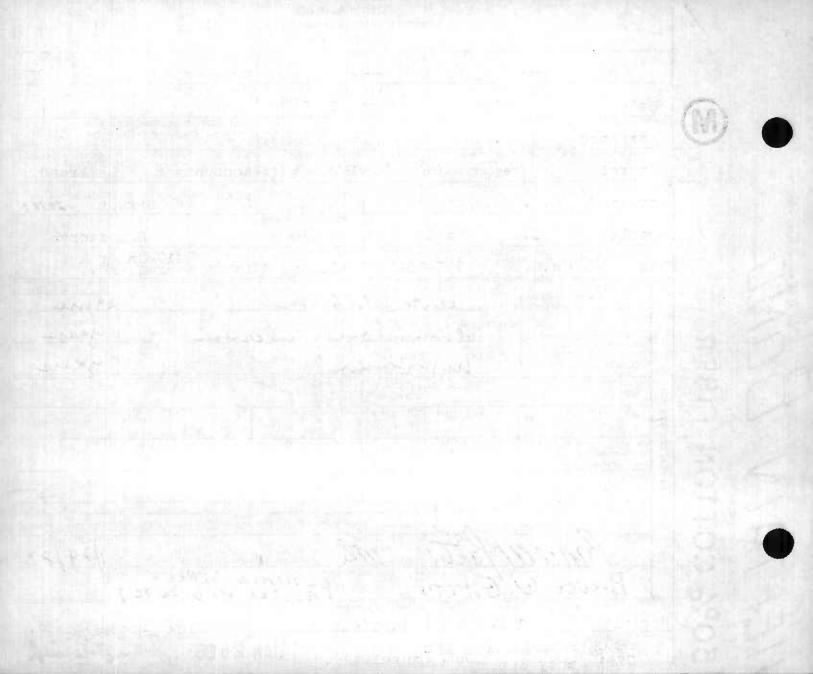
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

12h KIND OF BUSINESS OR

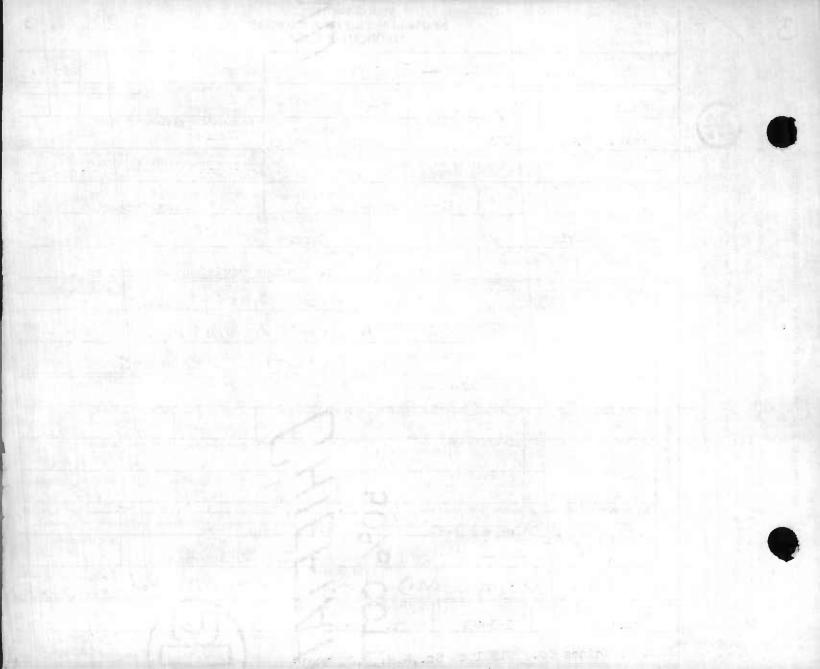
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TY MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED 25 19 83 Hattie Blanch Davis 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1983 25 1895 87 DEAD Female Negro Ta BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. DIVORCED Prince Georges 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS Temple Hills 4114 Rockeymount Drive Clerk Government BALTIMORE, MD. 21201 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Prince emple Rockey Mount Drive YES NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Condon John T. Mary E. Rector (4114 Rockey Mt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO Evelyn M. 577-60-1729 Bynum DIVISIO None 18. CAUSE OF DEATH (Enter only one cause per ling or ign. (b), and (c).) BETWEEN ONSET AND DEATH eles to androves welled IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR DEPART CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Accident death resulted from Natural causes Suicide Hamicide ... Undetermined manner TITLE (SPECIFY) 1/25/1983 Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. . Rodriguez (M.D. EXAMINER'S NAME Augusto P 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Arlington National Jan Arlington, Virginia BP 24 FUNERAL DIRECTOR The House Williams 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 3821-14th St, N.W. "Washington, D.C. 200 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

BIT TO SEE STORY OF THE SECOND 是一个人,一个人,一个人的人,他们也不是一个人的人,他们也不是一个人的人,他们也不是一个人的人,他们也不是一个人的人,他们也不是一个人的人,他们也不是一个人的



STATE OF MAKTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 1. DECEASED NAME O DATE KNOWNXX MONTH (TYPE OR PRINT) Wilson DEATH MATED 13 19 83 Davis 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED April 22, 1936 46 Res Black 1983 Male 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. USA WIDOWED DIVORCED Prince George's ID. CITY OR TOWN OF DEATH OR INDUSTRY Truck Driver Laurel Laurel-Beltsville Hospital 13d INSIDE CITY LIMITS? 1500 Trinidad Avenue, N.E. of Columbia Washington YES X NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Russie Smith Davis, Sr. Mae Wilson 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Sylvia Davis-wife-4936 Nash St 577 46 4801 N.E. #2 Washington, D.C. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In THE ...
O THE CHIL.
HOULD BE USED A.
ARTMENT OF HEA!
TO BURIAL, C 19e DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO. 71g. EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 2TE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XX MONTH DAY YEAR UNDERLYING KOR impact 13 19 83Driver-refrigerated truck/tractor trailer CONTRIBUTING CAUSE OF DEATH : 48 P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK street & Cypress St Laure TO MEDICAL EXAMINER: 11
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH HHE ST. BALLIMORE, MANNER D. 2 Autopsy/X or of the remains described above 27s. I certify that I took held an Inspection death resulted fro Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 1/15/83 Deputy Chiefredical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, MD. III Penn St. Balto.. Md. TYPE OR PRINT ADDRESS 18.1933 Harmony Memorial Park Landover; Maryland **DHMH - 17** Home-4001 Benning Rd.N.BA (VR A15 ME (5)) 20M 4/82

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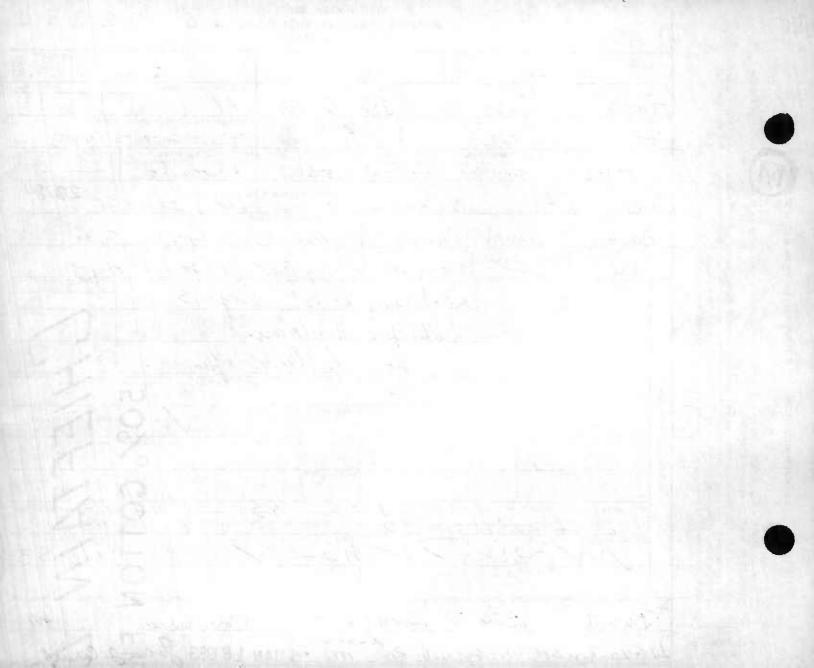
	[.	STATE REGISTRAR				ICATE OF DEATH		REG. NO.	
n.s		CEASED NAME	FIRST	MIDDLE		LAST	2a. DATE OF DE	ATH MONTH	9 83 4
deol	3. SE		AZEL.	MARIE	DE A		6. AGE (IN YEAR	SLAST BIRTHDAY)	IF UNDER 1 YEAR IF UN
-	3. SE				MONT	H DAY YEAR			MONTHS DATS HOU
(M)	7a. B	Female RTHPLACE (STATE OR	Whi REFOREIGN 76 CITIZEN	OF WHAT COU	NTRY2 8	mber 21, 190	9 BALTIMORE	CITY OR COUN	
	1	COUNTRY)		S.A.	MARRIE	D NEVER MARRIED			s County
1 10.		TY OR TOWN OF DE	ATH 11. NAME	OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a USUAL OC		12b. KIND OF BUS
4 2 270		eenbelt	Green	belt Nur	rsing Cer	nter	Housew		Home
10 DI	05U 13a	AL RESIDENCE (IF NUR IFATE	136 COUNTY	13c. CITY OF		1134. INSIDE CITY LIMITS			207
11 40		ryland	P.G. Co.	Colle	ege Park	YES NO		argum Ro	oad
10 /67	IA. FA	THER'S NAME	MIDDLE	LA		15. MOTHER'S MAIDEN		MODLE	LAST
11/10	16- 1	William	A. R IN U.S. ARMED FORCE		eman L SECURITY NO.	Anna 17. INFORMANT		ADDRESS	Chillary
p 6 0 1		ES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE	ES)		John B. Gib	ha (can)		atom W W
P 100		No	None TH (Enter only one coust	Unkr	A	hour P. GID	os (son)	onepharo	APPROXIMATE I
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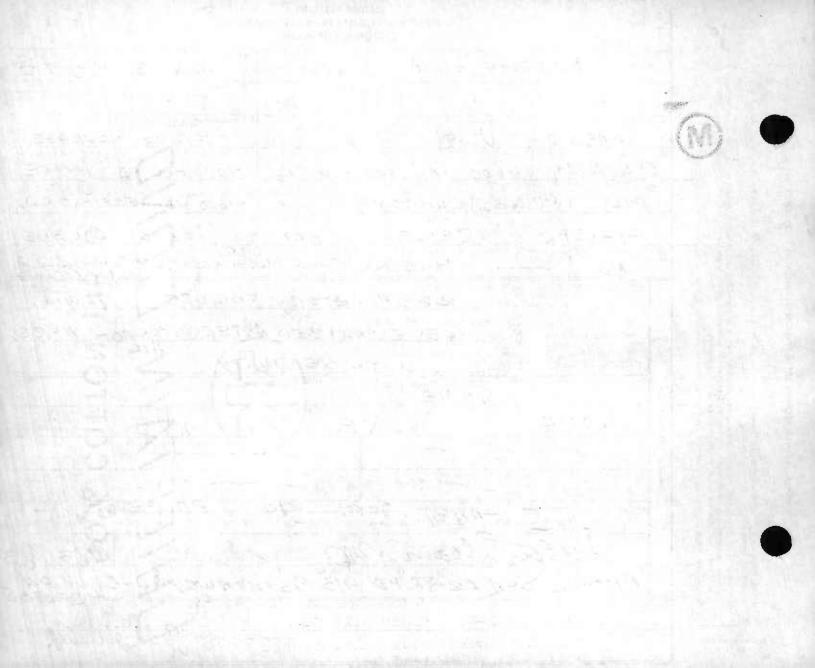
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ATTENDIN ospital or ECTOR: Afi of for use of	0		saw the deceased alive on	1/1/		ur) opinion death occuri	ed on the date and h		
	3 5		776 SIGNATURE	t) view the body after death.	DEGREE			22c. DATE	SIGNED
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by t	Ž	- 1	THE MAYSICIAN'S NAME THE	70	22e ADDRESS	YSICIAN DIRECTO	PHYSICIAN [1//	1103
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226. I certify that (I) (this hospital) attended the deceased from	2			19	21f LOCATION			
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STATE OF MARYLAND



FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

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ARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	
OWED DIVORCED	Prince George's C	MD.
ME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12 CAPPON PLEMESS OR
F Pr. Geo. Co.	Distiller OF WORKING LIFE)	Brands
13d. INSIDE CITY LIMITS?	13.4511 ADS Street	20722
15. MOTHER'S MAIDEN NAM	AE MIDDLE	Benton
Mildred L. D	oyle Same as #13	(Wife)
SPATIC CO	omA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OF ALLOHOLI	CLIVER DUST	HIF
	AL HEMATOM	
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, and that in (my) (our) opinion (death occurred on the date and hour of	ond from the causes stated
DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
22e. ADDRESS 6492	LANDOVOR!	PA 2078)
of CEMETERY OR EXAMENX Se Washington		C C Many land
250. DATE	REC'D BY REGISTRATION OF THE STATE	SIGNATURE

20 DATE OF DEATH MONTH DAY 2h HOUR I. DECEASED NAME TYPE OR PRINT 2:00p. DOYLE . Sr. JANUARY 7, 1983 WALTER RAYMOND 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX AMONTH TO DAY OO FEAR MONTHS DAYS HOURS MIN White Male 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HO DOCTORS HOOD TRANSPORTED LANHAM HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS 136 COUNTY 13c. CITY OR TOWN Md 20722 Prince Geo. Brentwood 14 FATHER'S NAME Walter Albert Doyles 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY (AETANO OR NHKHOMH) 218 12 048 (IF WILGIVEW R OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE underlying couse last. ŏ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION ony 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPER 21s ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY Y OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. ò 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET NOT WHILE 220.1 certify that (1) (this haspital) attended the pleceased from, .10 6 saw the deceased alive an . above, (1) (we) (did) (did nat) yew the body after death 225. SIGNATURE MPORTANT. 224 PHYSICIAN'S NAME (TYPE OR PRINT)

Francis Gasch's Sons Funeral Home, DHMH - 16 50M 4/B2 Hyattsville, Maryland

Burfal

230 BURIAL, CREMATION, REMOVAL

23r. NAME

Georg

23b. DATE

1/11/83

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH 26 HOUR Alfred Dunn January 11, 1983 1410 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH MONTH YEAR 1897 Caucasian 16 Jan. Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Prince George's DIVORCED WIDOWED 120. USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OF INDUSTR'S LANDAUG (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Leland Memorial Factory Worker Brands USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN MESK NO [2109 Beechwood Road 20783 WOLT HUATTAVI 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Maru Mahoneu Dunn ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT 6n WAS DECEASED EVER IN U.S. ARMED FORCES Wiho Same as 578-05-0698 Maru I Dunn Carcinoma of esophagus

(0(0)7 Vos 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 198 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

FOR

REGISTRAR

FIRST

Martin

113b. COUNTY

MIDDLE

4 RACE

I. DECEASED NAME

Male

Maruland

Maruland

14 FATHER'S NAME

130. STATE

filled bold b

Hygiene

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MPORTANT.

10. CITY OR TOWN OF DEATH

Riverdale

Tahn

70. BIRTHPLACE

- STATE

(TYPE OR PRINT)

3. SEX

21b. TIME OF INJURY HOUR A.M. MONTH P.M

21e. PLACE OF INJURY

DAY YEAR 19

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

COUNTY CITY OR TOWN

NO [

IN CERTIFYING CAUSES OF DEATH?

22b. SIGNATURE

sow the deceased alive on.

224 PHYSICIAN'S NAME (TYPE OF PRINT)

220.1 certify that (I) (this haspital) attended the deceased from_

above, (1) (we) (did) (did not) view the body after death

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Jan. 11, 1983

22c. DATE SIGNED

Mont.

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Said A. Daee, M.D. 23e. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

5632 Annapolis Rd., Bladensburg, Md. 20710 23d. LOCATION

Burial Jan. 14. 1983 Gate of Heaven 24 FUNERAL DIRECTOR Francis J. Collins

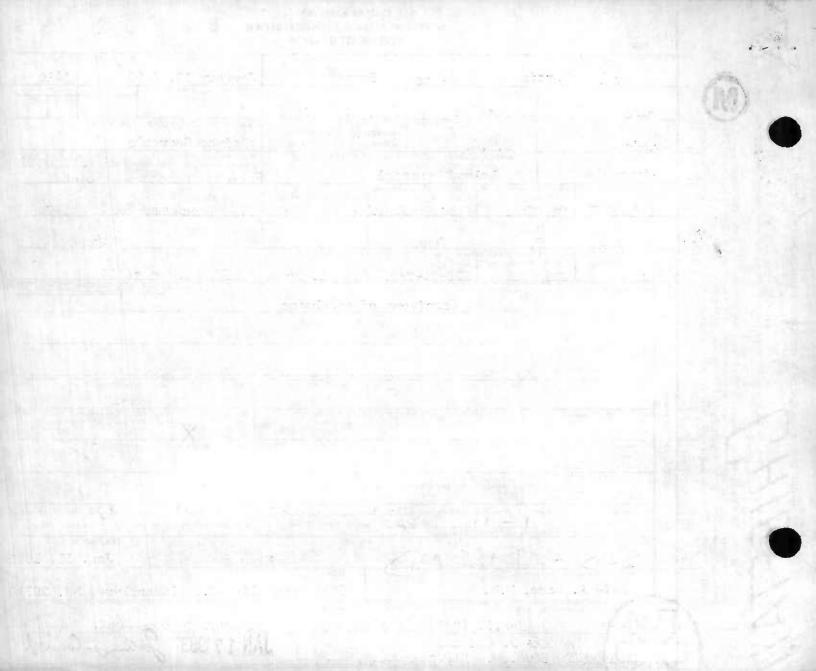
Silver Spring

Maruland

DHMH - 16 50M 4/B2 (VRA 15, 4)

Should be detorwith the State D

500 University Blvd., W. Silver Spring, Md.



director, page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonopapers. Pages 1 and 2 should be filted with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, or other troumotic event, the

medicol exam

4 may be

within 24 hours offer death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			CERTI	FICATE OF DEATH	REG. N	10	
	DECEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
"	Dorothy	7	Ear	isman	January 1	7 1983	8:10pm
3. 3	SEX	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
5	Female	White	Dece	mber 9. 1904	78	YRS MONTHS DAT	5 HOURS MIN.
7 a.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED		OR COUNTY OF DEATH	
1	Pennsylvania	USA	WIDOW		Prince Ge	orges!	MD.
10	CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KINE	OF BUSINESS OR
0 1	Lanham	Magnolia Ga		sing Home	Saleswoma		CY.
5 13 M		OR OTHER INSTITUTION GIVE RESIDE	ence before admission) OR TOWN Bowle	13d INSIDE CITY LIMITS? YES NO []	13e. STREET ADDRESS 12403 West		Zip 20766
1	FATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA	WE		LAST
-	James		toner	Mary		Re	ed
160	WAS DECEASED EVER IN U.S. A	FIVE WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	7225	Kidmore La	ne o
	NO 18 CAUSE OF DEATH (Enter of		50-4726	Charles Eari	sman Lanh	am. Marylan	
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	A Facture NOT RELATED TO THE TERM	NNAL DISEASE OR CON	IDITION GIVEN IN PART	l(a)
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES	ES OF DEATH?
7 8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR			NO [
			NTH DAY YEAR	3 2			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR	Y	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	22a.1 certify that (1) (his has	oital) attended the decease in all waw the bady atter dea	19 3 , o	nd that in (my) (our) opinion (deoth occurred on the d	ate and hour and from the	that (I) (we) last the causes stated
		Can	-	ATTENDING	MEDICAL STA	FF CIAN []	
1	22d PHYSICIAN'S NAME (TYPE	Deltibe		800 34 C	unnyla	- Dy B	align 1
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	236 MCATION	100).
	Burial	20JAN83	Rollin	ng Green Cem.	Camp Hil	10	Pa.
- 00	FUNERAL DIRECTOR OWARD Hale Lan	ham Funeral	0040	25a DAT	N 2 5 1983	John gol	still

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

First Todayou willy alson't - Johnsylvenic USA X Prince Goodens Magnolia dardens dureing Home 22lemones wire. Arryland Prince Converse X Server Court Court James Stoner Hary Yes Miliore bere 577-90-1726 Charles Seriesen Leaden, Margland - patient because the Forest Ecle Louise Twees 1 No. e Louise Mail

1	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 S	0	2 3	5 /
		CEASED NAME FIRE		IDDLE		AST	20. DATE OF DEATH		YEAR	26. HOUR
			ssie			risman			,1983	5:59pm
	3. SE	× Female	White		June	8, 1.896 YEAR	6 AGE (IN YEARS LAST BIR)	YRS.	INDER I YEAR	IF UNDER 24 HRS
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5	13a. S		ontgomery	13c. CITY OR TOWN Spencery	١ ١	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1.5928 Ba	tson Ro	oad Z	Ø868
1)	14. FA	ATHER'S NAME FIRST John	MIDDLE Li	nk LAST		Sarah Sarah	WIDDLE	Wilson	n LAST	r
2		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF)	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	21.3 16 2		17. INFORMANT 4 Norman I	ADDRE		Laur	el. Md
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	TION	CEREBRO VAS	SLULAR ALL	WENT, +	14PBA	TENTION ADRI N WAS PERFORMED	TIL STENOSIS	20b. IF YES, W	/EDE EINIDIN	IOS HISED
1	CERTIFICATION	190 DATE OF OPERATION	190. CONDI	IOI4 FOR WHICH	OFERATION	V WAS PERFORMED	YES NO	IN CERTIFYIN	G CAUSES	
1		218. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	ED (ENTER NÁTURE OF INJUS	RY IN ITEM 18 PART	OR PART 2)	
	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRI	OF INJURY SET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (1) (this saw the deceased all above, (1) (we) (did)/h	hospital) attended the ive an	A		d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	ste and hour ar		
1		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	00 MD	//	220. ADDRESS 321 PM	LINCE GEOR	GES S	T	0,7

234. NAME OF CEMETERY OR CREMATORY

Jan. 18, 1983 Union Cemetery

DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remaye c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Hem 21 is marked ar Hem 18 shows any

24 FUNERAL DIRECTOR
NAME Donaldson Funeral Homegres-Laurel, Md

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

JAN 2 1 1983

Burtonsville.

23d. LOCATION CITY OF TOWN

1

STATE

COUNTY

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- AAAAE	MED	21d. INJURY C			OF INJURY			TREET		CITY OR TO	WN	COL	JINTY		STATE
TO MEDICAL EXPERIENCE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTIMORE, MARYLAND, 2 IN THE STEMP OF THE ST		, death result		ge af the remains de rol causes	Accident		Autops ricide	y . Homic		, Inquiry		nd in my ap	iinian	12	Ç.
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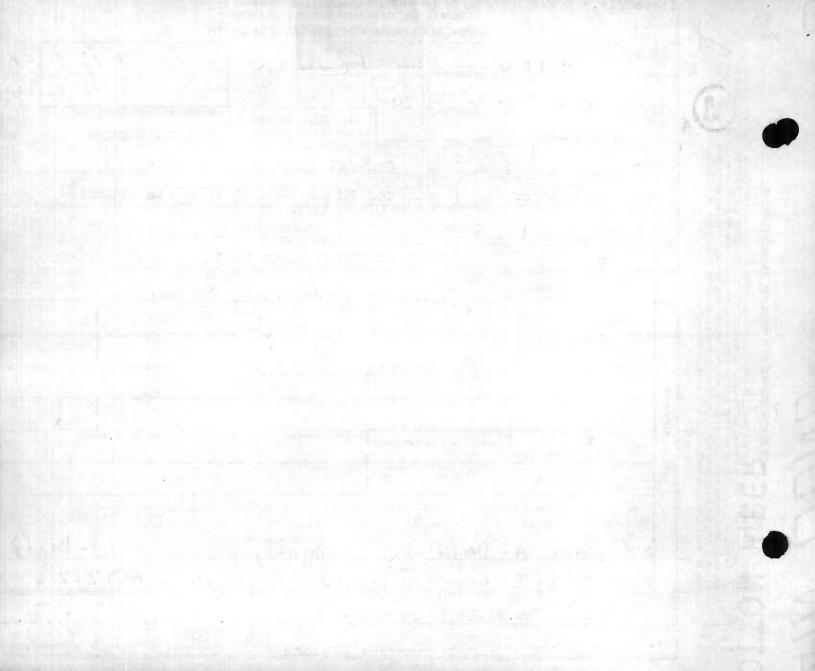
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15. MOTHER'S MAIDEN NAME LOUIS 15. MOTHER'S MAIDEN NAME VEROMICA 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 168. SOCIAL SECURITY NO. 212-12-7935A Cecelia Marie Fenwick as above 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. DUE TO, OR AS A CONSEQUENCE OF 18. CAUSE (a) 19. DUE TO, OR AS A CONSEQUENCE OF 19. DUE TO, OR AS	N. FATTERS NAME	13a	STATE		136 COUNT	Y OTHER INS	ITUTION, GR				13d INSIDE	CITY LIMITS?	13e ST	REET ADD	RESS					18
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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

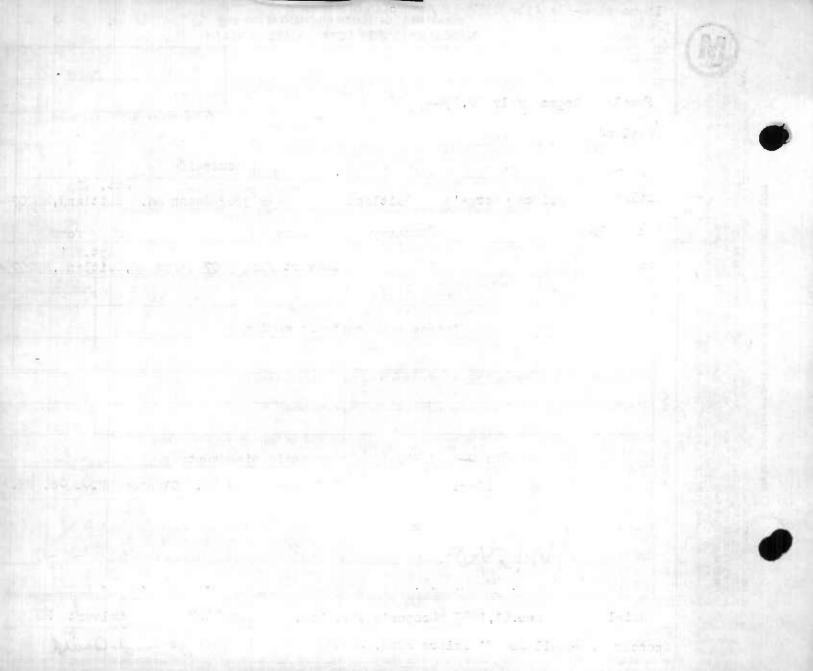
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BY ON THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	
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216. EXTERNAL CAUSE WAS UNDERLYING OR COUNTY OF INJURY HOUR A.M. MONTH DAY YEAR OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY	STATE
death resulted from: Notural causes XX. Accident, Suicide, Homicide, Undetermined manner,	n
TITLE (SPECIFY) ACTUAL SIGNATURE SALL A DASS W M.D. Deputy MEDICAL EXAMINER SIGNED 1	1/24/83
EXAMINER'S NAME Said A. Daee, M.D. ADDRESS 5632 Annapolis Rd. #4, Blade 336, BURIAL CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236 TO COUNTY COUNTY	ensburg Md
BP Burial Jan 27 1983 Ft. Lincoln Cem. Brentwood, Mary	ATURE SATE
DHMH-17 RA15 ME (5)) Real 1 Hyperal Home Board Md	

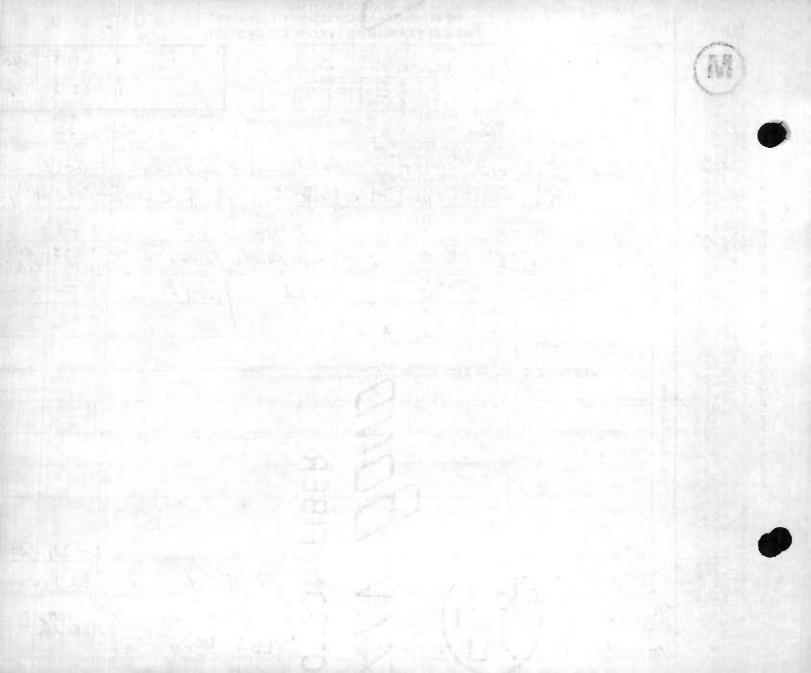
STATE OF MARYLAND

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20M 4/B2



STATE OF MARYLAND



A	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLA MENT OF HEALTH AND N CERTIFICATE OF D	MENTAL HYGIENE	8 3 REG. NO	0 2	3 6	4
n e		CEASED NAME FIRST	MIDDLE	LAST	2a. DA1	TE OF DEATH N	YAO HTMOM	YEAR 26 HOU	R
oge deot			ZABETH D.	FRAZEE			01 10	83 1:2	
B 9	3. SE	X	4. RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTH	MONTHS	DATS HOURS	24 HRS MIN.
/A		emale	Cauc.	Feb. 11,19		74	YRS.		
100	la B	Wash., D.C.	U.S.A.	MARRIED NEVER N	ARRIED -		ORGES COL		MD.
filed with	10.0	CHEVERLY	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET PRINCE GEORGE)	S GENERAL HO	ITUTION 12a USI	UAL OCCUPATIO		KIND OF BUSINE	ss or
ad plund be	13a.	aryland P.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	(N 13d INSIDE CI	TY LIMITS? 13e ST	2711 B	uckingh	am Dr.2	207
1861	14. F.	George	MIDDLE LAST		Emm a	MIDDLE		LAST	
s. Poges l		WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECU		B Frazee,		s Md. 2 711 Buc		n Di
n signed by the ottending Then please remove corbo to burial, cremotion, or re njury, or other troumotic e	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF U	furct TO THE TERMINAL DIS	SEASE OR COND	DITION GIVEN IN F	PART Ito	
T permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFOI	RMED 200 YES	AUTOPSY?		FINDINGS USED CAUSES OF DEATH	H?
he buriol-trons and Mentol Hygist	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 71d. INJURY OCCURRED	HOUR A.M. MONTH DA	19 211. LOCATIO	URY OCCURRED (ENT	CITY OR TOW			TATE
detoched for use os the ote Dept. of Heolth ond JT. If Hem 21 is morked			on view the body offer death.	DEGREE	., 19 , to (our) opinion deoth account of the country of the c	CAL STAFF	220	3 , that TP (word the courses sto	
should be detoo with the Stote D IMPORTANT: IF		ABDUL Q.	ORPRINT) AHAD	22e ADDRESS	VARNUM	00 17 1		154	
∑ ∜ 3 <u>3</u>		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Jan 14, 1983 A	NAME OF CEMETERY OR C	em. Ft	OCATION CITY ON OWNER	, Virgʻi	nia sī	TATE
AH - 16 50M 4/82		UNERAL DIRECTOR	Beall Funeral	Homen.	25a. DATE REC'D.	BY REGISTRAR	REGISTRAR'S S	Cabull	

W sho, E.C. | 11.5.A. O SCHERLY FRENCH GEOLOGY'S GEORGE VAN DE STANDER VA Maryland P.C. Bowle Law .3 3 5 0 0 1 hen de France, St. -12111 Buckingham Li

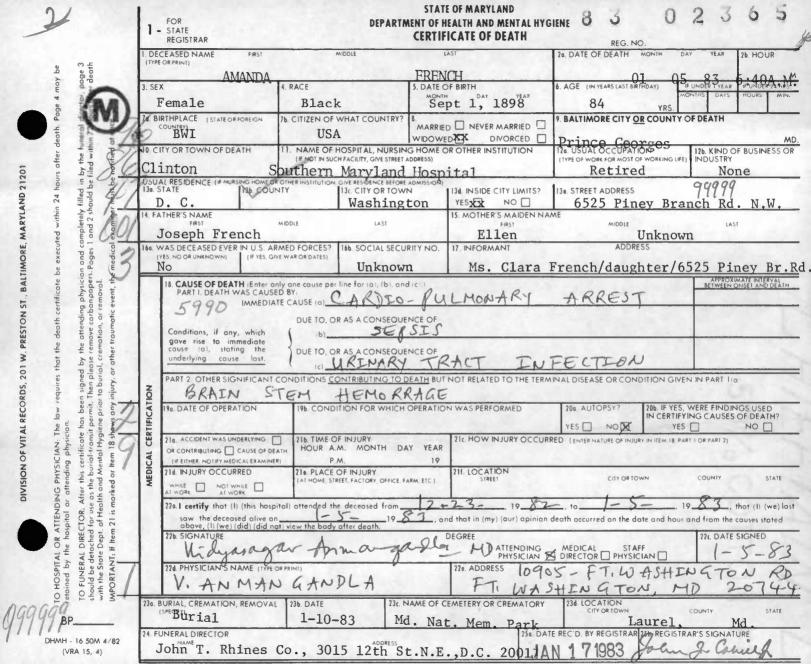
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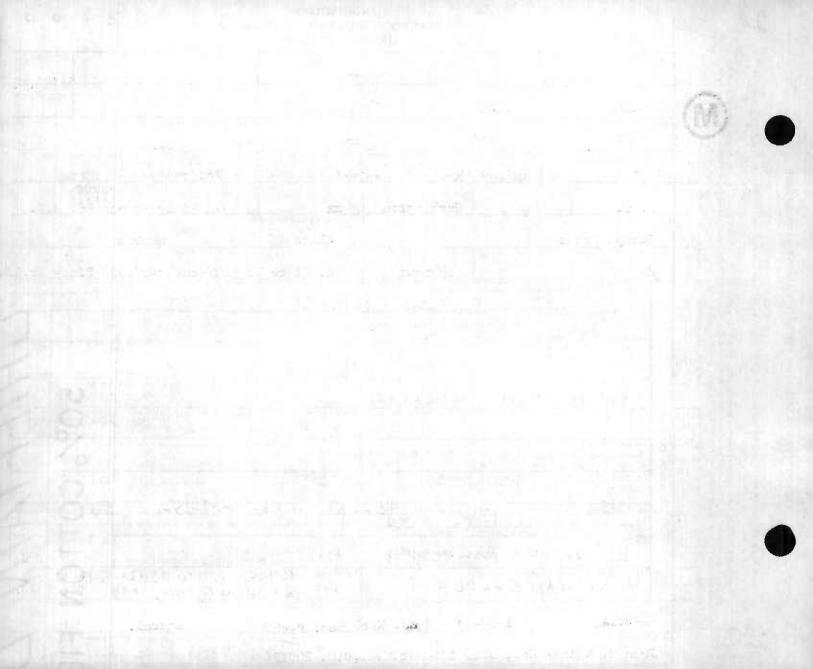
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MPORTANT.

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24. FUNERAL DIRECTOR

23b. DATE

1-20-1983

Oxon Hill Rd. Oxon Hill. Md

George P. Kalas Funeral Home

FOR

REGISTRAR

Male

Frank

4. RACE

White

DECEASED NAME

- STATE

TYPE OR PRINT

3. SEX

STATE OF MARYLAND

LAST

5. DATE OF BIRTH

MONTH

Gagne

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

CERTIFICATE OF DEATH

2a DATE OF DEATH 1983 16 930 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE HANDER 24 MRS BALTIMORE CITY OR COUNTY OF DEATH Prince George 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Woodsman Retired 20748 6301 Westridge Court MIODLE Marcier ADDRESS As in Item 13a APPROXIMATE INTERVAL

REG NO

1893 To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New Hampshire U.S.A. WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] Camp Spring 6301 W Westridge Court LISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI T3a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? P. G. Camp Spring Maryland YES + NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Marie Jules Gagne 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 003-05-5846 Ruth Goldfarb 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUF TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NOF 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PA 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. (my) Jour) opinion death occurred and the date and hour and from the causes stated and that 226 SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 776 PHYSICIAN'S NAME (TYPEOR RINT)

23c. NAME OF CEMETERY OR CREMATORY

Conway Cemetery

23d LOCATION

Conway

250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

Carroll

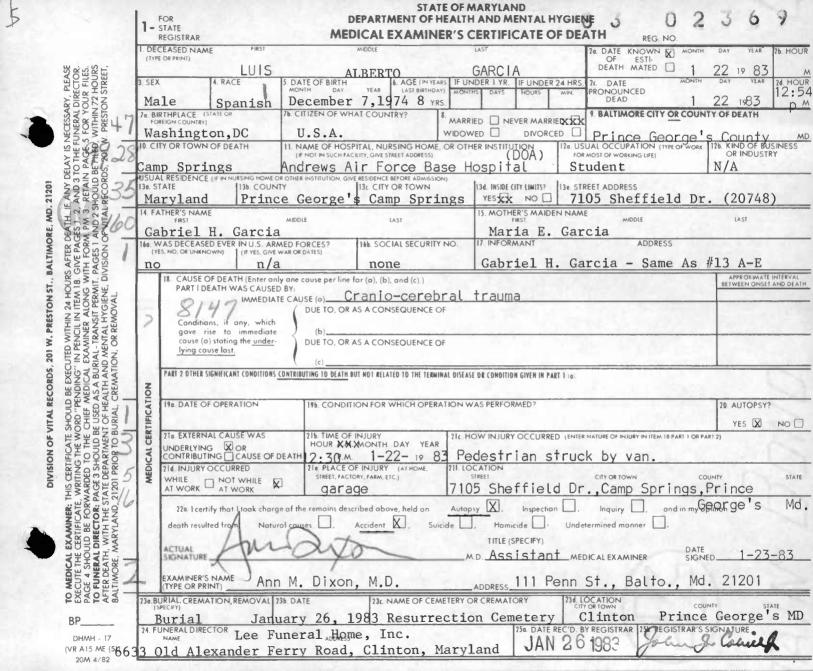
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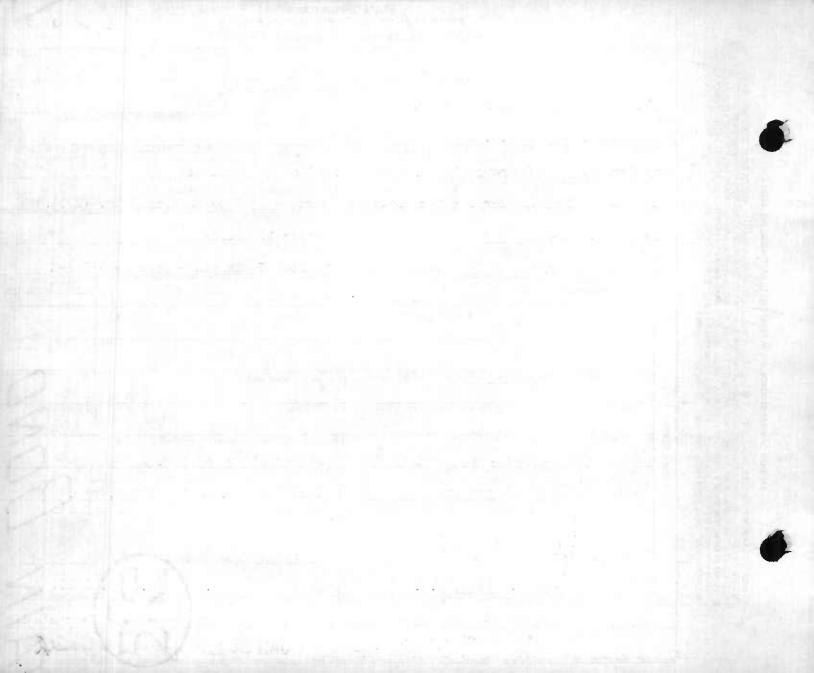
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1	1		FOR	NEDADTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYC	TIENE R 4	0 2 7 6 9				
		1 -	STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATH	REG. NO.	0 2 0 0				
	(BA)	I. DEC	CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 122 HOUS AM				
	2 (時間)	{TYPE	Alma XIII	une June	GAMMINO	January 5, 1983	ILZ: ZUAM Waxayayay				
	E 41	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
	rector urs of		Female	Cauc,	May 25, 1933	49 YRS.					
	arth. Po	7a. 81	RTHPLACE ISTATE OR FOREIGN OUTERY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED M NEVER MARRIED	9. BALTIMORE CITY OR COUNT Prince George					
	of a man	10.01	TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	120. USUAL OCCUPATION	MU.				
101	by the fu		anham	(IF NOT IN SUCH FACILITY, GIVE STREET A	al of Pr. Geo. Co.	ITYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY CO.				
ND 213	24 hou filled in ould be	13a. S	TATE 136 COUNTY TANCE OF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13: CITY OR TOWN MITCHE!	ADMISSION) N 134 INSIDE CITY LIMITS? NO 1	12000 Lisboro	ough Rd. 20716				
YLA	withtn letely d 2 sho		THER'S NAME		15. MOTHER'S MAIDEN NA	ME					
MARYLAND		0	George	Johnson	Mary	WIDDLE	H amm				
wì.	ond comp		AS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	RITY NO. 17 INFORMANT	Mitcher Will	e, Md. 20716				
BALTIMOR			no -	230-36-	1790 Frank J. 0	Gammino, 12000	Lisborough Rd				
BAL	physicial physic		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause parline for (a), (b), and	1 Mar. 0	160	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ST.	eve eve			TE CAUSE (0) PERUL	a ca Caur	aca j					
PRESTON ST	e death ce antendin mave carb natian, ar i traumatic		Conditions, if any, which	DUE TO, OR ASIA CONSEQUE		aues					
PRE	the of the of removement	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE							
×.	d by the lease rerial, crem		underlying cause last.	(c) I wan							
105, 201	quires-i signed Then ple ta burid njury, a	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CO	beer prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS US						
AL R	The kicion.	RTIE				YES NO.	ES NO				
TIV:	Z K CO TO TO 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR THOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART) OR PART 2)				
Ö.	SICIA ng pl certif certif vriol-t vental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P,M.	19						
DIVISION OF VITAL RECORDS.	DING PHY: or attendia After this e as the bu olth and M marked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ō				ital) attended the deceased from_	12/20 19 8-	2 , to 1/4	, 19.23, that (we) last				
	21 of 61 C		saw the deceased alive an above (1) (we) (did) (did p	view the bady after death.	and that in (our) opinion	death accurred on the date and ha	ur and from the causes stated				
	OR A DIRECTOR OR A COCHECTOR OCHECTOR O		22h SIGNATURE	1 1 1 7	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED				
100	RAL D RAL D detact detact NT: #		22d PHYSICIAN'S NAME (TYPE	Jacknedo XX	PHYSICIAN	DIRECTOR PHYSICIAN	11/2/83				
	O HOSP etained It			Idonado, M.D.	22e ADDRESS	-1 D1 014 (/ / V1 00705				
	TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the Store IMPORTANT: If	220 0	JURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	rd Rd., Clinton,	Md. 20/35				
	BP		SPECIFY TEMATION, REMOVAL		t. Lincoln Cem.	CITY OF TOWN	Mary land STATE				
	DHMH - 16 50M 4/82	24. FL	INERAL DIRECTOR Bea	all Funeral Ho	me 250. DA	TE REC'D. BY REGISTRAR 156. REGIS					
	(VRA 15, 4)		16000 Annapol	lis Rd., Bowie	, Md. JAN	7 1983 John	of while				

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CEKITI	ICATE UF	DEATH	REG. NO	0		
I DECEASED NAME FIRST		MIDDLE	L	AST				AY YEAR	26 HOUR
LUCILI	E	М.	GA	RDNER		JANUARY 3,	1983		1:39P .w
3. SEX FEMALE	4. RACE NEGRO		S. DATE C		1905	6. AGE (IN YEARS LAST BIR	(YADAY)	ONTHS DATE	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED 🗆	9 BALTIMORE CITY O	RCOUNTY		
ALABAMA		STATES	WIDOWE		IVORCED _	PRINCE GEO			
ANDREWS A.F.B.	(IF NOT IN SUC	HOSPITAL, NURS IN THE FACILITY, GIVE STREET IN M. GROW US	ADDRESS)		CENTER	120 USUAL OCCUPATION OF SEAMSTRESS	F WORKING LIFE		
LOUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					1 50 112.	***5
MARYLAND P.G.		FT. WASH	NGTO	13d. INSIDE (NO [7707 LOU	DON DE	RIVE 2	10022
14. FATHER'S NAME	MIDDLE	LAST		15 MOTHER	S MAIDEN NAM	ME	-11	145	C 7
ANNERIAS		MARTIN			Laura	P		Unkno	
160. WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	7707 1900	DON DE	RIVE	20744
NO	AE MAR OK DATES	349-01-9	920	MARIE	G. JUD	E FT. WASH	INGTON	, MARY	ZLAND
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190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 196. CONDI		OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO			
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OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTI WHILE AT WORK AT WORK AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE, FA	NRM, ETC)	21f. LOCATI	CATION STREET CITY OR TOWN			COUNTY	STATE
220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) kird (did no 22b. SIGNATURI	ot) view the body	e deceased from	3 , or) (our) opinion o	to 3 Torne death accurred on the do	7		
alward	Thomas	run			ATTENDING PHYSICIAN	MEDICAL STAR	F IAN []	37	m 83

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

m 18 sh

MPORTANT.

24 FUNERAL DIRECTOR .P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 1/6/83

EDWARD THOMBSON, CAPT, USAF, MC

224. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY Washington Nat. Cem.

ADDRESS

22e ADDRESS

23d LOCATION
CITY OF TOWN
Suitland

MALEGLY GROW GIGAE MEDICEN LAREBULIND.

JAN 1 0 1983

Telval. 1/5//3 rebileton rt. rem. rathi no 3.5. (also 6160 (mon Hill Rd. (ach Hill, 4.

Frederick Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

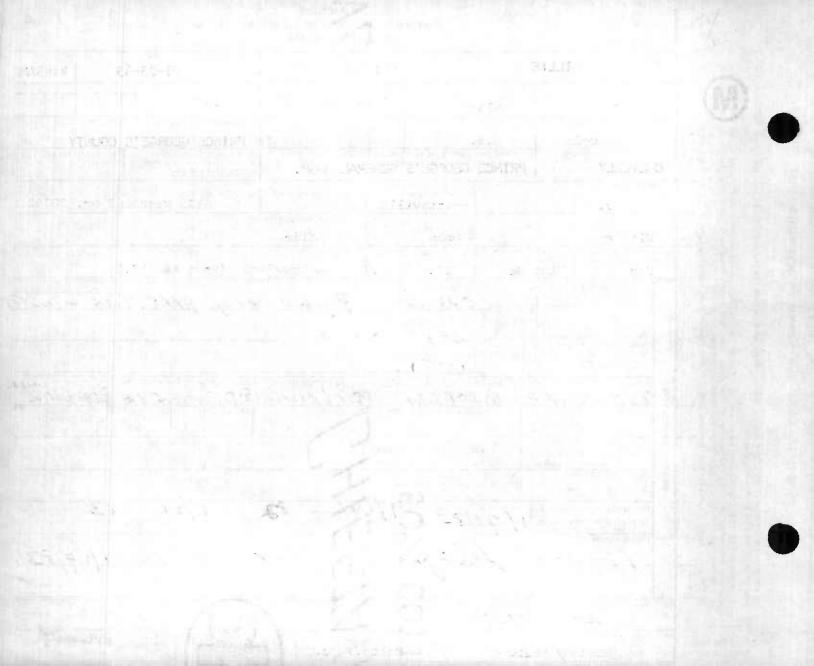
CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE



	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAN MENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE	8 3 REG. NO.	0 2 3	7 3
)		CEASED NAME FIRST FLAVE	La A	Gilbert 15. DATE OF BIRTH	20. D.	ATE OF DEATH MON	- 5-83	2b. HOUR 850 A IF UNDER 24 HRS.
	3. 56	Female	Cauc.	SOUTH DAY -	98 8	6 SS	MONTHS DAYS	HOURS MIN.
·35		RTHPLACE (STATE OF OREIGN)	LA CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MA	ARRIED 7 8A	Prince 6	OUNTY OF DEATH	OUR TUMP.
opidied O	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET STELL FET ALL)		TUTION 12a. U	, , - , - ,	RKING LIFE) 126. KIND C	OF BUSINESS OR
5	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT		/N 13d. INSIDE CIT	1	TREET ADDRESS	uston a	2080
1205	44. FA	ATHER'S NAME FIRST RANDUC	ADDIE ANDER	ISON (EC	MAIDEN NAME RST EUA	HO PKINS	S Andri	st See 2
medicol		NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 12 SOCIAL SECU WAR OR DATES! 220-34	JRITY NO. 17 INFORMAN	NO A.	-, LBERT	220 CO	MPTON EC MI
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uniui kuo smo	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH			AUTOPSY? 206	LIF YES, WERE FIND!	NGS USED
Hem 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR 19		NTER NATURE OF INJURY IN I	TEM 18. PART 1 OR PART 2)	
markedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET	١	CITY OR TOWN	COUNTY	STATE
21 is		sow the deceased alive on above, (I) (we) add (did not	ol) attended the deceased from 19 4	93, and that in my ice	, 19 <u>02</u> , to our) opinion death o	occurred on the date o		tha (1) (we) lost couses stated
T: If Hea		27h SIGNATURE CIM	L MD			DICAL STAFF CTOR PHYSICIAN	22c. DATE	183
MPORTANT.		22d. PHYSICIAN'S NAME (TYPE OR	A. COMPT	ON AZO	1 LAURE	2 PARKI) R #104	REZ MIT
> =		BURIAL, CREMATION, REMOVAL	236 DATE 23c 1	NAME OF CEMETERY OR CR	REMATORY 236	LOCATION OF TOWN	COUNTY	STATE

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

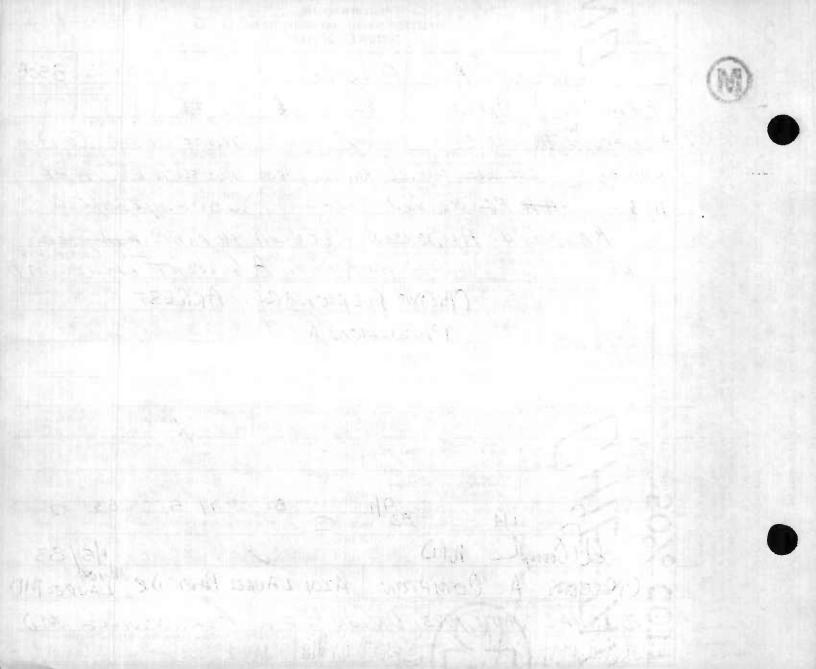
FUNERAL DIRECT

JAN.8,1983 ADDRES5

EM. DURTONS VICE

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

3



K		1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF	E OF MARYLAND LEALTH AND MENTA LICATE OF DEATH			j ()	2 3	7 4
	6		OR PRINT)	FIRST		MIDDLE	9 -	AST		2a. DATE OF DEA		DAY YEAR	2b. HOUR
	(M)			PHIL	LIPS	L. G	OLDSBO	/KL/1/15	I			8-83	5:20AM
		3. SEX			4. RACE		5. DATE (DAY YE	AR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	100 mm	I. DI	Male			uc.		ov. 5, 19	902	80	YRS	Y OF BEATH	
	the state of the s		RTHPLACE (STATEORF QUARTY) Maryland		U.S.		WIDOW		0 0		GEORGE 19	COUNTY	7110.
10	s offers by the filed gotified	CH	TY OR TOWN OF DEA		PRINCE	GEORGE	S GENE	RAL HOSPI		120 USUAL OCC			Ret.
ND 212	filled in ould be f	USU/ 130. S M	AL RESIDENCE (IF NURS TATE aryland	136 COUN Prin	OTHER INSTITUTION STY	13c. CITY OR TO Chever		13d. INSIDE CITY LIM	AITS?	13. STREET ADD	RESS ellview	Ave. 2	20785
BALTIMORE, MARYLAND 2120	completely is 1 and 2 shu	Ma Ma	THER'S NAME artin W. G	oldsb	orough	LAST		15. MOTHER'S MAID Lila	R.	Dodge	DDLE	ţA!	ST
IMORE,	be execution and co	16a V	AS DECEASED EVER		MED FORCES? (E WAR OR DATES)	212-10-		Margaret	Per	rry Wa	00°45th. shingtor	st. NV	J
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	on. Some that the death certificate has been signed by the attending physici permit. Then please remove carbon poper are prior to burial, cremation, or removal.	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA	which nediote g the last.	(b)	/ Infu	UENCE OF	NOT RELATED TO THE		UVE 200 AUTOPSY	DIGINITE PE	S, WERE FIND I	MULW ULLI NGS USED S OF DEATH?
	DING PHYSICIAN: The or after this certificate se os the buriol-transit oith and Mental Hygin marked or them 18 sho	MEDICAL CERTI	21a, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURE WHITE NOT WHAT WORK NOT WE AT WORK 12a I certify that (I)	CAUSE OF DEA	HOUR A. P. 21e PLACE (AT HOME, STI	.M. MONTH .M. OF INJURY REET, FACTORY, OFFICE	19 E. FARM ETC)	21t. HOW INJURY C	64			COUNTY	STATE
	TO HOSPITAL OR ATTEN etoined by the hospital TO FlunERAL DiffectOR. should be detached for us with the Store Dept. of He MAPORTANT: If them 21 is		saw the deceose obave, (1) (wo) (c 22b. SIGNATU 22d. PHYSICIAN'S NA	did) (did no	M view the body	enter death.	Who	DEGREE MATTENE PHYSIC	DING /	MEDICAL DIRECTOR P	STAFF	ur and from the	/
	PP	23a 8	SCHOOL CREMATION,		1-9-1	983	Lee Cr	emetery or crema	AA.		ington,		STATE
	DHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR 748 Wiscor	Talt sin A	avull F Ave. NW	uneral h Washing	Home ton, D	.C.	JA1	REC'D. BY REGIS V 1 2 198	TRANGS REGIS		helf

Marthall U.S.A. Park F. 1000

Marthall U.S.A. Date County

JATTYDU, LABASO RI DONG BURTA Y JARVU S

.C.O. more included a second of the control of the

. C . Here and the leaves

Jamies J. - 1 3 III Jesoma Company Company Great Ave. II westin took, D.J.

	STATE OF MARYLAND
DEP	ARTMENT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH

8	3	0	2	.3	7	S
	REG NO		~ ~	44.0		

	1-	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. N	0	25	/ 5
		CEASED NAME FIRST		MIDDLE	-	AST	20 DATE OF DEATH	_	DAY YEAR	2b. HOUR D
	(TYPE	Lenor	a	C	Colde	smith	January	25.	1983	11:59 M
	3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	F	Female	Whi	te	Nov		82	YRS.	MONTHS DAYS	HOURS MIN.
8 _ 7	To. BI	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8.	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
35 5		Kentucky	US	SA	WIDOWE		Prince	Geor	ge's	MD.
pa		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	12b. KIND O	F BUSINESS OR
300	5	Suitland	3802	Walnut	Lane		Housewife		INDUSTRI	
9		AL RESIDENCE (IF NURSING HOME OR STATE 1136 COUN		GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
E C	130.	Md. P		Suitla	_	YES NO	3802 Wal	nut L	ane	20746
Niner	14 F.A	ATHER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN NA				
Rest of		James Albert		Davis		Carrie		avens	LAS	
icol	16a. V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16h SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	SS		Above
med	(YES NO OR UNKNOWN) {IF YES, GIV	E WAR OR DATES)	Unk		Ervin Ray	. Same			
ŧ.		18 CAUSE OF DEATH (Enter on	ly one cause pe	r line (al Ta), this or	nd (e).	1				MATE INTERVAL
vent		PART I. DEATH WAS CAUSE	BY: E CAUSE (D	Kesp	. 1	acture				
o pic e		11029	DUE TO C	Se es sorbios	ENCE OF	.01			7 400	
un n		Conditions, if ony, which	((b)	Care	mos	na of hi	ungo 2	0		
ar tro		gove rise to immediate couse (a), stating the	Sports o	R AS MONSEQUENCE OF						680
othe		underlying cause last	100	Carcinome of overies						Jan 1
٧. ٥		PART 2. OTHER SIGNIFICANT	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	3.
<u>5</u>	CATION	TEMPLE PLAN			100	0				
No 7	3	19a DATE OF OPERATION	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		, WERE FINDIN		
S des	CERTIFI						YES NO	1	S 🗆	NO []
18 4	Ü	210. ACCIDENT WAS UNDERLYING		OF INJURY	AV YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
E	₹ S	OR CONTRIBUTING CAUSE OF DEA	16	P.M.	19					
ō	MEDICAL	214 INJURY OCCURRED		OF INJURY	FARM FIC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
orked	2	AT WORK AT WORK	(Althome. 3	inter, increase, orrice.	THAM, ETC /	1 -		1		
S m d		22a.1 certify that 1) his hospi	tol) ottended t	he degeased from	Ø23	7/1 19 82		2/21	19 82	that (I) (we) last
21		sow the deceased alive an above, (1) (we) (did) (did no	twiew the book	ofter death.	03.0	nd that in (my) (our) opinion	death accurred on the d	ate and hou	r and fram the	couses stated
Hem		22b. SIGNATURE	1/2	110		DEGREE			22c. DATE	SIGNED
± :		7.11	· au	waip		PHYSICIAN	MEDICAL STA	FF CIAN [1-2	27-83
NA I	1	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRESS	Ft. W	ashin		Maryla
MPORTANT		Dr. Erwin	H. Ruk	oack		10905 Ft.	Washingto	n Rd.	,	
3-	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		Burial	1-28-	-83 F	t. L	incoln Cem.	Brentwo	od, P	GOLO	STATE M. D.
4/B2	24 F					Suitland 250 FT	EBEOD BY RIGHT	DISECUL	PARSHEILA	muy
7/02	T	Funeral Home					_0 = 1000			LETTY
		THE THE PARTY OF T								

DHMH - 16 50M 4/B2

BP.

(VRA 15, 4)

6	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH						2376
,			CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	be 3 eath	TIMP	OR PRINT)	Helen F.	Gordon	01 (06 83 8:15 A _M
	softer de	3. SE	Female	White	5. DATE OF BIRTH MONTH B 21 YEAR OO	6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	death. Pagess)	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9 BALTIMORE CITY OR COUNT	
5	offer d	10 C Ri	verdale.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Leland Memorial Hospital		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Motiph Picture Distributor	
2120	1000	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS	
9	24 Parish		arvland P.	G. Mt. Rai		3310 Buchan	207/Z
YLA	ithin rithin		THER'S NAME		15. MOTHER'S MAIDEN NA	AME	
AAR	complete and a second		George Jo	phnson Burall	Irene	MIDDLE	Beall
RE, A	d cole		VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU		ADDRESS	Seatt.
MO	ond c Pages	(YES, NO OR UNKNOWN) (IF YES, GI	089-03-	3815 Jerome Sch	lossenberg-Sa	mo as #12
IN ST., BALTIMORE,	certificate bailed and physicial archampapers or remayal.		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), on ED BY: TE CAUSE (b) Septe	s hoch		APPROXIMATE INTERVAL BETWEEN OMET AND DEATH 3 Jay
PRESTON	e death mave co nation, traumo		Conditions, if any, which gave rise to immediate	(b)	premonia		4 day
201 W. P	that the d by the ease readly crem		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF Cerebral IN F	art	6 day
	equires in signe Then pl r to bur injury, o	NOI	PART 2. OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM		VEN IN PART 110
DIVISION OF VITAL RECORDS,	The law rician. The has been sit permit. Shaws any	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES
OF VIT	SKCIAN: T ng physici certificate urial-transi tental Hygi tem 18 sh		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
VISION	DING PHYS or attending After this c e as the bur alth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
VIQ	7		sow the deceared alive of	n 19	73, and that in (my) (aur) opinion	to	ur and from the causes stated
	OR he		226. SIGNATURE	V Cauter	DEGREE	MPDICAL STAFF DIRECTOR PHYSICIAN	22c. DAJE SIGNED
	HOSPI Sined b		22d PHYSICIAN'S NAME (TYPE	NTOR	27. ADDRESS 6725	Bekrest Rd	Hyattsulle
	BP	23a.	BURIAL, CREMATION, REMOVA Cremation		NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cre	CITY OR TOWN	COUNTY STATE
	DHMH - 16 50M 4/82	100	UNERAL DIRECTOR	254 Car	roll St.NW. 250. DA	ATE REC'D. BY REGISTRAR 216 REGIS	
	(VRA 15, 4)	Ta	koma Funeral	Home, Washin	gton D.C.	AN 1 1 1983 Jaa	it would

Maryland A. C. S. A. C. S. C. Starlyand referd to order the long that the basing the british the .aryland P. G. Mt. Painer x 180 Indianen St. - 089-03-3815 Jerome Schlossenberg-Sees as +13 Chanation dan. 7, 1983 Ft. Lincoln Crem. Brentstood, D. C. Co., Md. 284 Carrold St. Mr.

Takona Funeral Tome, Hashington, D. C.

The state of the s they are the second complete the productive sistered - el/f6/1 COUNTY Dr. E - 30-1 Rodney L. Ellis L the way I sattled the